

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007303

**FILED**  
**Apr 21, 2024**  
**Secretary of State**  
**8200995319CC**

**Entity Name:** MATERA III AT VASARI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE, STE C  
FORT MYERS, FL 33919

**Current Mailing Address:**

SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE, STE C  
FORT MYERS, FL 33919 US

**FEI Number:** 20-1659458

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROURKE, RICHARD A  
SCHOO ASSOCIATION MANAGEMENT, LLC  
9403 CYPRESS LAKE DRIVE, STE C  
FORT MYERS, FL 33919 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** RICHARD A ROURKE

04/21/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PLATTE, JOHN  
Address        9403 CYPRESS LAKE DRIVE  
                 SUITE C  
City-State-Zip: FORT MYERS FL 33919

Title            TREASURER  
Name            HAYES, RICK  
Address        9403 CYPRESS LAKE DRIVE  
                 SUITE C  
City-State-Zip: FORT MYERS FL 33919

Title            VP  
Name            WARDLE, RICK  
Address        9403 CYPRESS LAKE DRIVE  
                 SUITE C  
City-State-Zip: FORT MYERS FL 33919

Title            SECRETARY  
Name            FUCHS, GREG  
Address        9403 CYPRESS LAKE DRIVE  
                 SUITE C  
City-State-Zip: FORT MYERS FL 33919

Title            DIRECTOR  
Name            NEWMAN, CARL  
Address        9403 CYPRESS LAKE DRIVE  
                 SUITE C  
City-State-Zip: FORT MYERS FL 33919

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GREG FUCHS

**SECRETARY**

04/21/2024

Electronic Signature of Signing Officer/Director Detail

Date