

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012887

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

**FILED**  
**Apr 05, 2021**  
**Secretary of State**  
**1674492125CC**

**Current Principal Place of Business:**

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

**Current Mailing Address:**

9403 CYPRESS LAKE DRIVE  
SUITE C  
FORT MYERS, FL 33919 US

**FEI Number: 26-1168700**

**Certificate of Status Desired: No**

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

ROURKE, RICHARD A  
9403 CYPRESS LAKE DRIVE  
SUITE 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**

**04/05/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GRIFFITH, JIM  
Address 9403 CYPRESS LAKE DRIVE  
SUITE C  
City-State-Zip: FORT MYERS FL 33919

Title S/T  
Name HOLLOWAY, ROBERT  
Address 9403 CYPRESS LAKE DRIVE  
SUITE C  
City-State-Zip: FORT MYERS FL 33919

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

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

Title DIRECTOR  
Name BENNETT, JON  
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: ROBERT HOLLOWAY**

**SECRETARY**

**04/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date