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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002572 (3)

1. Corporation Name

STELLA MARIS MASTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4500 EXECUTIVE DR.  
SUITE 300  
NAPLES FL 33999

4500 EXECUTIVE DR.  
SUITE 300  
NAPLES FL 34119-8908

3. Date Incorporated or Qualified <b>05/14/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0650355</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**JOHNSON, ROBERT**  
4500 EXECUTIVE DR.  
SUITE 300  
NAPLES FL 33999

10. Name and Address of New Registered Agent

81. Name <b>JANET KELLY</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>4500 EXECUTIVE DRIVE</b>
83. <b>SUITE 300</b>
84. City <b>NAPLES</b>
85. State <b>FL</b>
86. Zip Code <b>34119</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *J Kelly* Janet Kelly Controller 2/11/97  
Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURGESON, RICHARD	
STREET ADDRESS	4500 EXECUTIVE DR., STE. 300	
CITY - ST - ZIP	NAPLES FL 33999	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURGESON, KARIN	
STREET ADDRESS	4500 EXECUTIVE DR., STE. 300	
CITY - ST - ZIP	NAPLES FL 33999	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	HARDY, ROBERT S	
STREET ADDRESS	6289 BURNHAM RD.	
CITY - ST - ZIP	NAPLES FL 33999	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *R Hardy* ROBERT S. HARDY 2/11/97 (941) 597-9061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000229

CF2E037 (9/96)