

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 4500 EXECUTIVE DR. SUITE 300 NAPLES FL 33999-2419  
Mailing Address: Gulf Coast Management Services 10060 Amberwood Road, Suite 3 Fort Myers, FL 33913

3. Date Incorporated or Qualified: 05/14/1996  
4. FEI Number: 65-0650355  
Applied For: Not Applicable

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Ft. Myers, FL. Zip: 34119  
2a. Mailing Address: 26 10060 Amberwood Road Suite, Apt. #, etc. 27 3 City & State: 28 Ft. Myers, FL. Zip: 33913 Country: US

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: JANET KELLY 4500 EXECUTIVE DRIVE SUITE 300 NAPLES FL 34119

10. Name and Address of New Registered Agent: 81 Name: Bob Geller 82 Street Address: c/o Gulf Coast Management Services 10060 Amberwood Road - #3 83 City: Ft. Myers FL 85 Zip Code: 33913

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: Robert E. Geller (Signature, type or printed name of registered agent and title if applicable.) Robert E. Geller (NOTE: Registered Agent signature required when reinstating.) 4/2/98 (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	6209 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	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KARIN COLSON
2.3 STREET ADDRESS	4500 EXECUTIVE DRIVE #300
2.4 CITY-ST-ZIP	NAPLES FL 34119
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 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: Robert S Hardy VICE PRESIDENT 3/5/98 (941) 43-1211

CR2E037 (10/97)