


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

04-21-2005 90218 040 ****61.25

DOCUMENT # N96000002572

1. Entity Name
STELLA MARIS MASTER HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
RESORT MANAGEMENT
834 BALD EAGLE DR
MARCO ISLAND, FL 34145 US

Mailing Address
RESORT MANAGEMENT
834 BALD EAGLE DR
MARCO ISLAND, FL 34145 US

66022986



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03302005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
65-0650355

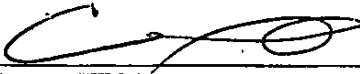
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent
Kraus
KRAW, CHERYL R
1072 GOODLETTE RD N
NAPLES, FL 34119

7. Name and Address of New Registered Agent
 Name **Kraus, Cheryl R.**
 Street Address (P.O. Box Number is Not Acceptable)
1072 Goodlette Rd. N
 City **Naples** FL Zip Code **34119**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **6-3-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

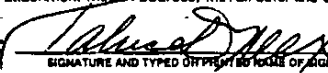
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISSELL, TED JR. 286 STELLA MARIS DR NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERTOLET, SUE 261 STELLA MARIS DR NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KANNY, ENNO DR 239 COWS DR NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKAY, PATRICIA 270 STELLA MARIS DR NAPLES, FL 34114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOLLOUGH, JOHN 285 STELLA MARIS DR NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Corino, Claude 318 Stella Maris Dr. S. NAPLES FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Starren, Bill 245 Stella Maris Dr. NAPLES FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kungale, Jean 321 Stella Maris Dr. NAPLES FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schacher, Don 14274 Neff Rd. Cllo, MI 48420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **TREASURER** DATE **4/15/05** **339 394**

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR