


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State


05-01-2007 90009 049 ****70.00

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



Principal Place of Business 5067 TAMAMI TR EAST NAPLES, FL 34113 US	Mailing Address 5067 TAMAMI TR EAST NAPLES, FL 34113 US
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04162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0650355	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAUS, CHERYL R
1072 GOODLETTE RD N
NAPLES, FL 34119

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAUDE, CORINO 318 STELLA MARIS DRIVE S NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUPPRECHT, HILDA 290 STELLA MARIS DR SOUTH NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUNGLER, JEAN 321 STELLA MARIS DRIVE NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LASLEY, ARCIE 322 STELLA MARIS DR SOUTH NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHACHER, DON 14274 NEFF ROAD CLIO, MI 48420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Claude Corino* **4-25-07** **239-724-0723**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #