

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91481 005 \*\*\*\*61.25

**DOCUMENT # N96000002572**  
1. Entity Name  
**STELLA MARIS MASTER HOMEOWNERS' ASSOCIATION, INC**



Principal Place of Business  
**4500 EXECUTIVE DR.  
SUITE 300  
NAPLES FL 34119  
US**

Mailing Address  
**4500 EXECUTIVE DR.  
SUITE 300  
NAPLES FL 34119  
US**



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>65-0650355</b>                           |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable                        |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b> |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |  |  |    |          |
|---|--|--|--|--|--|--|--|----|----------|
| <b>6. Name and Address of Current Registered Agent</b>            |  |  |  | <b>7. Name and Address of New Registered Agent</b> |  |  |  |    |          |
| <b>KRAW, CHERYL R<br/>1072 GOODLETTE RD N<br/>NAPLES FL 34119</b> |  |  |  | Name   |  |  |  |    |          |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |  |    |          |
|   |  |  |  | City   |  |  |  | FL | Zip Code |
|   |  |  |  |  |  |  |  |    |          |

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 \_\_\_\_\_

|                                 |  |                                    |  |
|---------------------------------|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|---------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |   |
|----------------------------|---|--|---|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete            |  | TITLE   | <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| NAME                       | <b>BISSELL, TED JR.</b>                             |  | NAME  | <b>Bissell, Ted</b>   |   |
| STREET ADDRESS             | <b>286 STELLA MARIO DR.</b>                         |  | STREET ADDRESS  |   |   |
| CITY-ST-ZIP                | <b>NAPLES FL 34114</b>                              |  | CITY-ST-ZIP   |   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete            |  | TITLE   | <b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |
| NAME                       | <b>BERTOLET, SUE</b>                                |  | NAME  | <b>Bertolet, Sue</b>  |   |
| STREET ADDRESS             | <b>281 STELLA MARIO DR.</b>                         |  | STREET ADDRESS  |   |   |
| CITY-ST-ZIP                | <b>NAPLES FL 34114</b>                              |  | CITY-ST-ZIP   |   |   |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> Delete |  | TITLE   | <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |
| NAME                       | <b>SKANNEN, WILLIAM</b>                             |  | NAME  | <b>Kanny, Enno, Dr.</b>   |   |
| STREET ADDRESS             | <b>245 STELLA MARIO DR.</b>                         |  | STREET ADDRESS  | <b>239 cays Dr.</b>   |   |
| CITY-ST-ZIP                | <b>NAPLES FL 34114</b>                              |  | CITY-ST-ZIP   | <b>Naples, FL 34114</b>   |   |
| TITLE                      | <input type="checkbox"/> Delete                     |  | TITLE   | <b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |
| NAME                       |   |  | NAME  | <b>Haworth, Darrel</b>  |   |
| STREET ADDRESS             |   |  | STREET ADDRESS  | <b>246 Stella Maris Dr.</b>   |   |
| CITY-ST-ZIP                |   |  | CITY-ST-ZIP   | <b>Naples, FL 34114</b>   |   |
| TITLE                      | <input type="checkbox"/> Delete                     |  | TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |
| NAME                       |   |  | NAME  | <b>McCullough, John</b>   |   |
| STREET ADDRESS             |   |  | STREET ADDRESS  | <b>285 Stella Maris Dr.</b>   |   |
| CITY-ST-ZIP                |   |  | CITY-ST-ZIP   | <b>Naples, FL 34114</b>   |   |
| TITLE                      | <input type="checkbox"/> Delete                     |  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   |  | NAME  |   |   |
| STREET ADDRESS             |   |  | STREET ADDRESS  |   |   |
| CITY-ST-ZIP                |   |  | CITY-ST-ZIP   |   |   |

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: *[Signature]*

CR2E037 (10/02)