

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002572

**FILED**  
**Apr 05, 2013**  
**Secretary of State**  
**CC5877466384**

**Entity Name:** STELLA MARIS MASTER HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4670 CARDINAL WAY  
SUITE 302  
NAPLES, FL 34112

**Current Mailing Address:**

4670 CARDINAL WAY  
SUITE 302  
NAPLES, FL 34112 US

**FEI Number:** 65-0650355

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARDINAL MANAGEMENT GROUP OF FLORIDA, INC.  
4670 CARDINAL WAY  
SUITE 302  
NAPLES, FL 34112 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title V  
Name HELBICK, FRANCIS  
Address 4670 CARDINAL WAY  
SUITE 302  
City-State-Zip: NAPLES FL 34112

Title P  
Name CRAIG, BOB  
Address 4670 CARDINAL WAY  
SUITE 302  
City-State-Zip: NAPLES FL 34112

Title T  
Name MORRIS, JIM  
Address 4670 CARDINAL WAY  
SUITE 302  
City-State-Zip: NAPLES FL 34112

Title S  
Name SCHACHER, DONALD  
Address 4670 CARDINAL WAY  
SUITE 302  
City-State-Zip: NAPLES FL 34112

Title D  
Name TREUREN, THEO  
Address 4670 CARDINAL WAY  
SUITE 302  
City-State-Zip: NAPLES FL 34112

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BOB CRAIG

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04/05/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date