2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N01253



FILED Mar 22, 2004 8:00 am Secretary of State

03-22-2004 90068 019 ****61.25 STELLA MARIS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address %PROFESSIONALLY YOURS INC %PROFESSIONALLY YOURS INC. 24026334 1342 SE 46TH LANE PO BOX 100831 CAPE CORAL, FL 33904 CAPE CORAL, FL 33910 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202004 CR2E037 (10/03) City & State City & State FEI Number 59-2531508 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMPBELL, PHILIP Street Address (P.O. Box Number is Not Acceptable) PROFESSINALLY YOURS INC 1342 SE 46TH LANE CAPE CORAL, FL 33904 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE ☐ Change Addition TITLE CLODAGH, GARRY NAME STREET ADDRESS 5255 CORONADO PKWY #10 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP STD Change ☐ Addition THE Delete TITLE FOX, JOEL NAME NAME 5255 CORONADO PARKWAY #1 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CAPE CORAL, FL 33904 CitY-St-ZIP PO 🔀 Change ☐ Addition TITLE Delete TITLE FODDEN, EDIE NAME NAME 5255 CORONADO PARKWAY #10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE FODDEN, JOHN 5255 CORONADO PKWY #10 NAME NAME STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33904 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE MAME 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 trubuse 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: Devime Phone #