

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90014 034 \*\*\*\*61.25

**DOCUMENT # N01253**

1. Entity Name  
**STELLA MARIS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**%PROFESSIONALLY YOURS INC**  
**1342 SE 46TH LANE**  
**CAPE CORAL, FL 33904 US**

Mailing Address  
**%PROFESSIONALLY YOURS INC**  
**PO BOX 100831**  
**CAPE CORAL, FL 33910 US**

40094341



2. Principal Place of Business

3. Mailing Address

03022006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
**59-2531508**

Applied For  
Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEAGUE, GEORGE**  
**8270 COLLEGE PKWY**  
**SUITE #103**  
**FORT MYERS, FL 33919**

Name George Teague  
Street 2517 Santa Barbara Blvd., #11  
Cape Coral, FL 33914  
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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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 ☐ Delete  
NAME **STD**  
STREET ADDRESS **CONSTANTINOPLE, ANTHONY**  
CITY-ST-ZIP **20 URIAH STREET**  
**NEW HAVEN, CT 06512**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **FODDEN, EDIE**  
CITY-ST-ZIP **5255 CORONADO PARKWAY #10**  
**CAPE CORAL, FL 33904**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **FODDEN, JOHN**  
CITY-ST-ZIP **5255 CORONADO PKWY #10**  
**CAPE CORAL, FL 33904**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #