2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01253

FILED Jul 07, 2008 Secretary of State

Entity Name: STELLA MARIS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

New Mailing Address:

5255 CORONADO PKWY. CAPE CORAL, FL 33904 US

Current Mailing Address:

%PROFESSIONALLY YOURS INC C/O SORENSON HOMES AND CONDO MGMT INC

PO BOX 100831 2930 DEL PRADO BLVD, S SUITE B CAPE CORAL, FL 33910 US CAPE CORAL, FL 33904 US

FEI Number: 59-2531508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

TEAGUE, GEORGE

2503 DEL PRADO BLVD.

#500

CAPE CORAL, FL 33914 US

SORENSON, CATHY J

2930 DEL PRADO BLVD, S

SUITE B

CAPE CORAL, FL 33904 US

APE CORAL, FL 33914 US CAPE CORAL, FL 33904 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: CATHY J. SORENOSN 07/07/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

CAPE CORAL, FL 33904

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CAPE CORAL, FL 33904

Title: STD () Delete Title: STD (X) Change () Addition Name: CONSTANTINOPLE, ANTHONY Name: CONSTANTINOPLE, ANTHONY

 Address:
 20 URIAH STREET
 Address:
 20 URIAH STREET

 City-St-Zip:
 NEW HAVEN, CT 06512 US
 City-St-Zip:
 NEW HAVEN, CT 33904 US

Title: PD () Delete Title: PD (X) Change () Addition

Name: FODDEN, EDIE Name: BENSON, PAMELA
Address: 5255 CORONADO PARKWAY #10 Address: 5255 CORONADO PARKWAY #1

 City-St-Zip:
 CAPE CORAL, FL 33904 US
 City-St-Zip:
 CAPE CORAL, FL 33904 US

 Title:
 VD
 () Delete
 Title:
 VD
 (X) Change () Addition

Name: FODDEN, JOHN Name: BENSON, RUSSELL
Address: 5255 CORONADO PKWY #10 Address: 5255 CORONADO PKWY #1

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: PAMELA BENSON PRES 07/07/2008