

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000005000

FILED  
Jun 06, 2007  
Secretary of State

**Entity Name:** VILLAGES AT STELLA MARIS MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

314 NEWPORT DRIVE #4  
NAPLES, FL 34114

**New Principal Place of Business:**

5280 MYRTLE LANE  
NAPLES, FL 34113 US

**Current Mailing Address:**

314 NEWPORT DRIVE #4  
NAPLES, FL 34114

**New Mailing Address:**

5280 MYRTLE LANE  
NAPLES, FL 34113 US

**FEI Number:** 76-0722326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLSON, KARIN A  
314 NEWPORT DRIVE #4  
NAPLES, FL 34114 US

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

COLSON, KARIN A  
5280 MYRTLE LANE  
NAPLES, FL 34113 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: KARIN A. COLSON

06/06/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BURGESSON, RICHARD  
Address: 314 NEWPORT DRIVE #4  
City-St-Zip: NAPLES, FL 34114

Title: D ( ) Delete  
Name: BURGESSON, PATRICIA  
Address: 314 NEWPORT DRIVE #4  
City-St-Zip: NAPLES, FL 34114

Title: D ( ) Delete  
Name: COLSON, KARI  
Address: 314 NEWPORT DRIVE #4  
City-St-Zip: NAPLES, FL 34114

Title: ASM (X) Delete  
Name: ROEDDING, DOUG  
Address: 12734 KENWOOD LANE SUITE 49  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BURGESSON, RICHARD  
Address: 5280 MYRTLE LANE  
City-St-Zip: NAPLES, FL 34113 US

Title: D (X) Change ( ) Addition  
Name: BURGESSON, PATRICIA  
Address: 5280 MYRTLE LANE  
City-St-Zip: NAPLES, FL 34113 US

Title: D (X) Change ( ) Addition  
Name: COLSON, KARIN A  
Address: 5280 MYRTLE LANE  
City-St-Zip: NAPLES, FL 34113 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: KARIN A. COLSON

D

06/06/2007

Electronic Signature of Signing Officer or Director

Date