2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007314

FILED Apr 16, 2009 Secretary of State

Entity Name: VILLAGES AT STELLA MARIS CONDOMINIUM ASSOCIATION 2100, INC.

Current Principal Place of Business: New Principal Place of Business: 265 CAYS DRIVE #2105 NAPLES, FL 34114 **Current Mailing Address: New Mailing Address:** P.O. BOX 110156 NAPLES, FL 341080103 FEI Number: 76-0722327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, WILLIAM D CAM 2310 DÉLLA DRIVE NAPLES, FL 34117 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete MCCONNELL, DANIEL Name: Name: 4112 E. SHAVLIS RD. Address: Address: City-St-Zip: WATERLOO, IA 50702 City-St-Zip: Title: () Delete Title: DP (X) Change () Addition

 Inte:
 DI
 () Delete
 Inte:
 DP
 (x) Change

 Name:
 RICCI, GEORGE
 Name:
 RICCI, GEORGE

 Address:
 265 CAYS DRIVE, #2103
 Address:
 265 CAYS DRIVE, #2103

 City St. Zip:
 NADI ES El. 24114
 City St. Zip:
 NADI ES El. 24114

City-St-Zip: NAPLES, FL 34114 City-St-Zip: NAPLES, FL 34114

 $\label{eq:title:DP} \textit{Title:} \qquad \textit{DP} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{DP} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

 Name:
 KELLY, MAUREEN
 Name:
 KELLY, DAN

 Address:
 265 COYS DR. #2102
 Address:
 265 COYS DR. #2102

 City-St-Zip:
 NAPLES, FL 34114
 City-St-Zip:
 NAPLES, FL 34114

Title: MAS () Delete Title: MS (X) Change () Addition

 Name:
 WHITE, WILLIAM D
 Name:
 WHITE, WILLIAM D CAM

 Address:
 2310 DELLA DRIVE
 Address:
 2310 DELLA DRIVE

 City-St-Zip:
 NAPLES, FL 34117
 City-St-Zip:
 NAPLES, FL 34117

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: WILLIAM D. WHITE MS 04/16/2009