

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001904

FILED
Apr 16, 2009
Secretary of State

Entity Name: VILLAGES AT STELLA MARIS CONDOMINIUM ASSOCIATION 2200, INC.

Current Principal Place of Business:

C/O POI DEVELOPMENT, INC.
275 CAYS DRIVE
NAPLES, FL 34114

New Principal Place of Business:

275 CAYS DRIVE
NAPLES, FL 34114

Current Mailing Address:

PO BOX 110156
NAPLES, FL 34108

New Mailing Address:

FEI Number: 90-0225306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, WILLIAM D CAM
2310 DELLA DRIVE
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: OLIVA, RICHARD
Address: 275 CAYS DRIVE #2204
City-St-Zip: NAPLES, FL 34114

Title: MS () Delete
Name: WHITE, WILLIAM D
Address: 2310 DELLA DRIVE
City-St-Zip: NAPLES, FL 34117

Title: D () Delete
Name: STEIL, ROBERT
Address: 275 CAYS DRIVE #2207
City-St-Zip: NAPLES, FL 34114

Title: DT () Delete
Name: HERMAN, PAM
Address: 335 GLACIER DR.
City-St-Zip: GREEN BAY, WI 53402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WILLIAM D. WHITE

MS

04/16/2009

Electronic Signature of Signing Officer or Director

Date