



# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N05000000583</b> 1. Entity Name VILLAGES AT STELLA MARIS CONDOMINIUM ASSOCIATION 2500, INC.						FILED 07 APR -4 PM 12:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business C/O POI DEVELOPMENT INC. 314 NEWPORT DRIVE #4 NAPLES, FL 34114				Mailing Address C/O POI DEVELOPMENT INC. 314 NEWPORT DRIVE #4 NAPLES, FL 34114			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 110156 Suite, Apt. #, etc.					
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 20-2207368		Applied For Not Applicable	
Zip 34108		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		06-07	
6. Name and Address of Current Registered Agent SALVATORI & WOOD, P.L. 4001 TAMiami TRAIL NORTH SUITE 330 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name: William D. White, CAM Street Address (P.O. Box Number is Not Acceptable): 2310 Della Dr. City: Naples FL Zip Code: 34117			
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: <u>William D. White</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>2-23-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BURGESON, RICHARD 314 NEWPORT DRIVE #4 NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Barfield, Loretta 459 Denton Ct. Heathrow, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COLSON, KARI 314 NEWPORT DRIVE #4 NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Moro, Diane 370 Stella Maris Dr. N. #2505 Naples, FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESON, PATRICIA 314 NEWPORT DRIVE #4 NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS Coons, Carol 370 Stella Maris Dr. N. #2507 Naples, FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PTD</u> <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM WHITE, William D 2310 Della Dr. Naples, FL 34117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500096372115 04/10/07--01048--022 **122.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>William D. White, Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>2-23-07</u> DAYTIME PHONE: <u>239-352-6780</u>			