2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N05000000583

Entity Name: VILLAGES AT STELLA MARIS CONDOMINIUM ASSOCIATION 2500, INC.

Current Principal Place of Business:

C/O POI DEVELOPMENT INC.
314 NEWPORT DRIVE #4
NAPLES, FL 34114

New Principal Place of Business:

370 CAYS DRIVE
NAPLES, FL 34114

Current Mailing Address:

P.O. BOX 110156
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-2207368 **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 DR
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: BARFIELD, LORETTA
Address: 459 DENTON CT
City-St-Zip: HEATHROW, FL 32746

Title: DT ( ) Delete
Name: MORO, DIANE
Address: 370 STELLA MORRIS DR N #2505
City-St-Zip: NAPLES, FL 34112

Title: DAS ( ) Delete
Name: COONS, CAROL
Address: 370 STELLA MORRIS DR N #2507
City-St-Zip: NAPLES, FL 34112

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

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 SM 04/16/2009
Electronic Signature of Signing Officer or Director — Date