


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90025 015 \*\*\*\*61.25

<b>DOCUMENT # N06000000252</b>	
1. Entity Name VILLAGES AT STELLA MARIS CONDOMINIUM ASSOCIATION 2400, INC.	

Principal Place of Business 17280-1 EAGLE TRACE FORT MYERS, FL 33908	Mailing Address 17280-1 EAGLE TRACE FORT MYERS, FL 33908
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2. Principal Place of Business - No P.O. Box # 360 Stella Maris Dr N	3. Mailing Address P.O. Box 110156
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples FL	City & State Naples FL
Zip 34114	Zip 34108
Country	Country

40116336



05032007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4549520	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SALVATORI & WOOD, P.L. 4001 TAMiami TRAIL N STE 330 NAPLES, FL 34103
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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
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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 William D. White DATE 5-1-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BURGESON, RICHARD 17280-1 EAGLE TRACE FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Tomek, Francis 11091 N.W. 12 Manor Coral Springs, FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS COLSON, KARL 17280-1 EAGLE TRACE FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KUTZLI, Rodney 87 Meadows Estate Dr. Ridgway, CO. 81432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURGESON, PATRICIA 17280-1 EAGLE TRACE FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM DEMARCIO MARGARET 360 Stella Maris Dr. N. #2410 Naples FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMA 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: William D. White DATE 5-1-07 DAYTIME PHONE # 239-352-6780  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR