2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0600000252 1. Enlity Name VILLAGES AT STELLA MARIS CONDOMINIUM ASSOCIATION 2400, INC.						05-18-2007 9002	25 015 ****6	1.25	
Principal Place 17280-1 EAC FORT MYERS	GLE TRACE		Mailing Address 17280-1 EAGLE TRACE FORT MYERS, FL 3390		4011	6336			
2 Principal P	lace of Busin	ages No P.O. Boy #	3. Mailing Address						
2. Principal Place of Business - No P.O. Box # 360 Stella Maris De N			P.O. Box 110156			!! ! 		IIIAI DI TADI	
Suite, Apt.			Suite, Apt. #, etc.		05032007	Chg-NP CR	22E037 (12/06)		
City & State			City & State Naples, FL		4. FEI Number	4. FEI Number Applied For 20 . 4549520 Not Applied ble			
Zip ()		Country	34108	Country	5. Certificate of		\$8.75 Add Fee Require		
		and Address of Current F			7. Name and A	ddress of New Registe	ered Agent		
SALVATORI & WOOD, P.L. 4001 TAMIAMI TRAIL N STE 330 NAPLES, FL 34103				Street A	Name William D. White CAM Street Address (P.O. Box Number is Not Acceptable) 2310 Della DR				
				City)cal-r		FL Zip Cod	e , , , ,	
	named entit		the purpose of changing its	registered office of	r registered agent, or both,	in the State of Florida.	I am familiar with,	and accept	
2	-	2.1.11	01						
SIGNATURE.	Signature, typed	o or printed name of registered agent a	JULIE I applicable. (NOTE	: Registered Agent signa	ture required when reinstating)	<u> </u>	-07 Date	···-	
,	Filing Fe	or o		npaign Financing	\$5.00 May Be Added to Fees	Make o			
,	Filing Fe ue by Ser	e is \$61.25	9. Election Cam Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Make o	check payable to department of Si	tate	
10.	Filing Feue by Sep	pe is \$61.25 ptember 14, 2007 OFFICERS AND DIR	9. Election Cam Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Make of Florida D	check payable to department of Si	tate	
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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 eath; 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07

139-352-6780

Date

Daytime Phone #