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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000000252

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90404 050 ****61.25

	® S AT STELLA MARIS CONI TION 2400, INC.	DOMINIUM					
360 STELLA MORIS DR. N. PO		Mailing Address PO BOX 110156 NAPLES, FL 34108	O BOX 110156		40087451		
2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP CR2E	E037 (12/06)	
City & State		City & State		4. FEI Number 20-45495	20	 -	plied For Applicable
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Add Fee Required	
	`6. Name and Address of Current	Registered Agent		7. Name and Ac	idress of New Registere	d Agent	
WHITE W	II HAM D CAM		Name				
WHITE, WILHAM D CAM 2310 DELLA DR. NAPLES, FL 34117			Street Address (s Not Acceptable)		····
			City			Zip Code	
			,		F	L Zip Code	
SIGNATURE .	ions of registered agent. Signature, typed or printed name of registered agent.	and title if applicable. {NOT	E: Registered Agent signs	lure required when reinstating)	DATI	E	
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.	OFFICERS AND DIF	RECTORS /	11.	ADDITIONS/CHAN	GES TO OFFICERS AND	DIRECTORS IN	10
TITLE	DP	☐ Delete	TITLE	1			10
NAME	TOMEK, FRANCIS			1		Change	Addition
STREET AODRESS	44004 NIM 40 NAMIOD		NAME			∐ Change	
CITY OF 210	11091 NW 12 MANOR		NAME STREET ADDRESS			∐ Change	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	•				∐ Change	
TITLE		Delate:	STREET ADDRESS	DVP.		☐ Change	
	CORAL SPRINGS, FL 33071	ST Deleke	STREET ADDRESS CITY-ST-ZIP	CALYIN DE	TVAVIS	☐ Change	Addition
TITLE	CORAL SPRINGS, FL 33071 DVP	Jan eleke	STREET ADDRESS CITY-ST-ZIP	CALYIN DE	NAIS	☐ Change	Addition
TITLE NAME	CORAL SPRINGS, FL 33071 DVP KUTZLI, RODNEY	J <u>Dela</u> e	STREET ADDRESS CITY-ST-ZIP TITLE NAME	CALYIN DE	NNIS L MC. MI 49	☐ Change	Addition
TITLE NAME STREET ADDRESS	CORAL SPRINGS, FL 33071 DVP KUTZLI, RODNEY 87 MERDORO ESTATES DR.	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CALYIN DE	NNIS L MC, MI YR	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS, FL 33071 DVP KUTZLI, RODNEY 87 MERDORO ESTATES DR. RIDGWAY, CO 81432		STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	CALYIN DE	NNIS C nc, MI YV	□ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CORAL SPRINGS, FL 33071 DVP KUTZLI, RODNEY 87 MERDORO ESTATES DR. RIDGWAY, CO 81432 DT	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CALYIN DE	NNIS nc, MI 48	□ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CORAL SPRINGS, FL 33071 DVP KUTZLI, RODNEY 87 MERDORO ESTATES DR. RIDGWAY, CO 81432 DT DEMARCO, MARGARET	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	CALYIN DE	NNIS NO. MI YV	□ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	CORAL SPRINGS, FL 33071 DVP KUTZLI, RODNEY 87 MERDORO ESTATES DR. RIDGWAY, CO 81432 DT DEMARCO, MARGARET 360 STELLA MORIS DR. N. #24	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CALYIN DE	NNIS nc, MI 48	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS, FL 33071 DVP KUTZLI, RODNEY 87 MERDORO ESTATES DR. RIDGWAY, CO 81432 DT DEMARCO, MARGARET 360 STELLA MORIS DR. N. #24 NAPLES, FL 34114	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CALVIN, DE 1019 RIO DA Grand Blo	NNIS NO. MI YV	□ Change	Addition Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

235-357-6-50 Date 11 Dayling Phon