

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 NOV 16 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21

11-26-07



REINSTATEMENT 07

DOCUMENT # N06000004319	
1. Entity Name VILLAGES AT STELLA MARIS CONDOMINIUM ASSOCIATION 2900, INC.	



Principal Place of Business 17280-1 EAGLE TRACE FT MYERS, FL 33908	Mailing Address 17280-1 EAGLE TRACE FT MYERS, FL 33908
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SALVATORI & WOOD PL 4001 TAMiami TRAIL N SUITE 330 NAPLES, FL 34103	

7. Name and Address of New Registered Agent	
Name	TROPICAL ISLES MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable)	12734 KENWOOD LANE
Suite, Apt. #, etc.	SUITE 49
City	FORT MYERS FL
Zip Code	33807

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 [Signature] 10-10-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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	
TITLE	DPT <input type="checkbox"/> Delete
NAME	BURGESON, RICHARD J
STREET ADDRESS	17280-1 EAGLE TRACE
CITY - ST - ZIP	FT MYERS, FL 33908
TITLE	DVPS <input type="checkbox"/> Delete
NAME	COLSON, KARIN A
STREET ADDRESS	17280-1 EAGLE TRACE
CITY - ST - ZIP	FT MYERS, FL 33908
TITLE	D <input type="checkbox"/> Delete
NAME	BURGESON, PATRICIA
STREET ADDRESS	17280-1 EAGLE TRACE
CITY - ST - ZIP	FT MYERS, FL 33908
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800110865378
STREET ADDRESS	10/16/07--01058--005 **\$61.25
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800110865378
STREET ADDRESS	11/20/07--01035--009 **\$183.75
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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] 10-10-07
Signature and typed or printed name of signing officer or director Date Daytime Phone #

10/12/07