~ 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N060000433C 1. Entity Name VILLAGES AT STELLA MARIS CONDOMINIUM ASSOCIATION 2800, INC. Principal Place of Business 17280-1 EAGLE TRACE FORT MYERS, FL 33908 Mailing Address 17280-1 EAGLE TRACE FORT MYERS, FL 33908							FILED 100 OT DEC 26 AM 9: 20 WITCHASSEF FLORIDA			
Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.							KSTATEM	ENT O'		
City & State			City & State			4. FEI Number	fort : High		plied For	
						4. FEI Number		No	ot Applicable	
Zip	Country		Zip	Col	ıntry	5. Certificate of		□ \$8.75 Add Fee Require		
	6. Name and Add	ress of Current	Registered Agent		Name -	-A A	ddress of New Regis مرسع د مدد د	44 4		
	RI & <u>WO</u> OD, P.L. AMI TRAIL N SU 'L 34103	ITE 330			Street Addre		LISCES is Not Acceptable)	FL- Zip Cod	33407	
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 amiliar with, and the obligations of registered agent.										
SIGNATURE 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 Finance Trust Fund Contribution.						\$5.00 May Be Added to Fees	#Florida	check payable to Department of St	ate .	
10. TITLE	OFFICERS AND DIRECTORS DPT Delete				:	ADDITIONS/CHAN	IGES TO OFFICERS A	ND DIRECTORS IN Change	10 Addition	
NAME STREET ADDRESS	BURGESON, RICHARD J 1ADDRESS 17280-1 EAGLE TRACE					100 1071670	i110865 70105800	- 5341	-	
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STREET ADDRESS	17280-1 EAGLE TRACE FORT MYERS, FL 33908				ET ADDRESS -ST-ZIP	12/26/0	1110865 70103800	n6 **183.7	'5	
	D D	7.014	☐ Delete	TITLE	<u> </u>			☐ Change	Addition	
STREET ADDRESS	BURGESON, PAT 17280-1 EAGLE T FORT MYERS, FL	RACE			E ET ADDRESS - ST-ZIP		·			
NAME STREET ADDRESS CITY-ST-ZIP		۸.	Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		M.	427 □ Delete	TITLE NAMI STRE	: -			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I			☐ Change	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: 10-10-07 IGNATURE AND SPEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #										

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