

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 NOV 30 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000004332

1. Entity Name
VILLAGES AT STELLA MARIS CONDOMINIUM
ASSOCIATION 2700, INC.



Principal Place of Business
C/O POI DEVELOPMENT, INC.
17280-1 EAGLE TRACE
FORT MYERS, FL 33908

Mailing Address
C/O POI DEVELOPMENT, INC.
17280-1 EAGLE TRACE
FORT MYERS, FL 33908

12-3-07



REINSTATEMENT 07

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALVATORE & WOOD, P.A.
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)
12754 KENWOOD LANE
SUITE 44
City **FT. MYERS** FL Zip Code **33907**

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, 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 September 14, 2007

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 DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
BURGESON, RICHARD J
17280-1 EAGLE TRACE
FORT MYERS, FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
COLSON, KARIN A
17280-1 EAGLE TRACE
FORT MYERS, FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BURGESON, PATRICIA
17280-1 EAGLE TRACE
FORT MYERS, FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
100110942561
10/18/07--01021--001 **61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
100110942561
11/30/07--01049--007 **183.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-07