

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 NOV 16 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

04102007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N06000004341</b> 1. Entity Name <b>VILLAGES AT STELLA MARIS CONDOMINIUM ASSOCIATION 2600, INC.</b>					
Principal Place of Business % POI DEVELOPMENT, INC. 17280-1 EAGLE TRACE FORT MYERS, FL 33908			Mailing Address % POI DEVELOPMENT, INC. 17280-1 EAGLE TRACE FORT MYERS, FL 33908		
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 <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  SALVATORI & WOOD, P.L. 4001 TAMiami TRAIL N SUITE 330 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name <b>TROPICAL ISLES MANAGEMENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>12134 KENWOOD DR</b> Suite <b>49</b> City <b>FT. MYERS</b> FL Zip <b>33907</b>		
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 _____ DATE <b>10-10-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> Make check payable to: <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BURGESON, RICHARD J 17280-1 EAGLE TRACE FORT MYERS, FL 33908 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500110869105</b> <b>10/16/07--01065--004 **61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD COLSON, KARIN A 17280-1 EAGLE TRACE FORT MYERS, FL 33908 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500110869105</b> <b>11/20/07--01035--010 **183.75</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESON, PATRICIA 17280-1 EAGLE TRACE FORT MYERS, FL 33908 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>10-10-07</b> <small>Daytime Phone #</small>		