

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

APPROVAL
AND
FILED

07 NOV 16 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20 NOV 2007

REINSTATEMENT

44102007 Chg NP CR2E037 (12/06)

DOCUMENT # N06000004341

1. Entity Name
VILLAGES AT STELLA MARIS CONDOMINIUM
ASSOCIATION 2600, INC.



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

\$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

Name

TROPICAL ISLES MANAGEMENT

12734 KENWOOD DR

SUITE 49

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

10-10-07

Filing Fee Is \$61.25
Due by May 1, 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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

500110869105
10/16/07--01065--004 **61.25

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

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

500110869105
11/20/07--01085--010 **183.75

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

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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

10-10-07

Date

Daytime Phone #