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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000004341

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

Principal Place of Business	Mailing Address
% POI DEVELOPMENT, INC. 17280-1 EAGLE TRACE FORT MYERS, FL 33908	% POI DEVELOPMENT, INC. 17280-1 EAGLE TRACE FORT MYERS, FL 33908

04192008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
380 Stella Maris Dr	P.O. Box 110156
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34114 Country:	Zip: 34108 Country:

4. FEI Number 20-4776456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TROPICAL ISLES MANAGEMENT 12734 KENWOOD DR. SUITE 490 FT..MYERS, FL 33907	Name: William D. White, CPM Street Address (P.O. Box Number is Not Acceptable): 2310 Della Dr. City: Naples FL Zip Code: 34112

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: William D White 4/21/08
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, 2008

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 / 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	DP Smith, Leroy 380 Stella Maris Dr. N. #2602 Naples, FL 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD COLSON, KARIN A 17280-1 EAGLE TRACE FORT MYERS, FL 33908	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BARFIELD, LORETTA 459 Denton Ct HEATHROW, FL 32746	☐ Change ☒ Addition
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	DT Schroeder, Edward 5874 DUNLIAM PL DUBLIN, OH 43017	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MS WHITE, WILLIAM D. P.O. Box 110156 NAPLES, FL 34108	☐ 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: William D White 4/21/08 239-352-6780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #