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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002573 (1)**

1. Corporation Name

STELLA MARIS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4500 EXECUTIVE DR.
SUITE 300
NAPLES FL 33999**

**4500 EXECUTIVE DR.
SUITE 300
NAPLES FL 34119-8908**

3. Date Incorporated or Qualified

05/14/1998

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24 **34119**

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, ROBERT
4500 EXECUTIVE DR.
SUITE 300
NAPLES FL 33999**

81 Name **JANET KELLY**

82 Street Address (P.O. Box Number is Not Acceptable)

**4500 EXECUTIVE DRIVE
SUITE 300**

84 City **NAPLES**

FL 85 Zip Code **34119**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Janet Kelly **Janet Kelly**

Controller **Controller**

2/11/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BURGESSON, RICHARD**
STREET ADDRESS **4500 EXECUTIVE DR., STE. 300**
CITY - ST - ZIP **NAPLES FL 33999-34119**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **BURGESSON, KARIN**
STREET ADDRESS **4500 EXECUTIVE DR., STE. 300**
CITY - ST - ZIP **NAPLES FL 33999-34119**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **VSTD** ☐ DELETE
NAME **HARDY, ROBERT S**
STREET ADDRESS **6289 BURNHAM RD.**
CITY - ST - ZIP **NAPLES FL 33999-34119**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert S. Hardy **ROBERT S. HARDY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0060232**

CR2E037 (9/96)