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FILED

May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002573 (1)

1. Corporation Name

STELLA MARIS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4500 EXECUTIVE DR.  
SUITE 300  
NAPLES FL 34119  
US

Gulf Coast Management Services  
10060 Amberwood Road, Suite 3  
Fort Myers, FL 33913

3. Date Incorporated or Qualified

05/14/1996

4. FEI Number 65-0806798  
-APPLIED FOR

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 10060 Amberwood Road  
3

22 City & State

27 City & State

23 Zip

25 Country

28 Ft. Myers, FL.

29 Zip

30 Country

24

25

29

33913

30

US

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KELLY, JANET~~  
~~4500 EXECUTIVE DRIVE~~  
~~STE 300~~  
~~NAPLES FL 34119~~

81 Name Bob Geller  
82 Street Address (P.O. Box Number is Not Acceptable) c/o Gulf Coast Management Services  
83 10060 Amberwood Road #3  
84 City Fort Myers FL 85 Zip Code 33913

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 Robert E. Geller  
Signature, typed or printed name of registered agent and title if applicable

Robert E. Geller  
(NOTE: Registered Agent signature required when reinstating)

4/2/98  
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 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 34119

2.1 TITLE DIRECTOR  Change  Addition  
2.2 NAME KALIN COLSON  
2.3 STREET ADDRESS 4500 EXECUTIVE DRIVE, STE 300  
2.4 CITY-ST-ZIP NAPLES FL 34119

TITLE VSTD  DELETE  
NAME HARDY, ROBERT S  
STREET ADDRESS 6289 BURNHAM RD.  
CITY-ST-ZIP NAPLES FL 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 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 Hardy ROBERT HARDY VICE PRES. 3/5/98 (941) 597-9061

CR2E037 (10/97)