Mailing Address

GULF COAST MGMT SVCS 10060 AMBERWOOD RD #3 FT MYERS FL 33913

1999

Principal Place of Business 4500 EXECUTIVE DR.

SUITE 300 NAPLES FL 34119



DOCUMENT # N9600002573

STELLA MARIS HOMEOWNERS' ASSOCIATION, INC.

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90090 014 \*\*\*\*61.25

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2. Principal Pi	ace of Business 2a. Mailing Address					3. Date Incorporated or Q- 05/14/1996	ualifed						
Suite, Apt.	#. etc.	1201	Suite, Apt. #, etc.					4. FEI Number				Applie	d For
22	, 0-5.	27	• •					65-0806798				Not A	oplicable
	City & State		City & State			5. Certifcate of Status Desired		\$8.75 Additional Fee Required					
Zip	Country	28	Zip	Co	untry			6. Election Campaign Fina	ancing	·	\$5.0	0 ма	v Be
24	25	29		30				Trust Fund Contribution	Added to Fees				
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current I	Regis	stered Agent					10. Name and Address of	New R	egistered	Agent		
					81	Name							
BOR GELL	BOB GELLES				82 Street Address (P.O. Box Number is Not Acceptable)								
	COAST MGMT SVCS				"	Onoci	Hadio	33 (1 .G. BOX Married to Morr	.000p	,			
	BERWOOD RD #3				83								
	S FL 33913										105 7	ip Coc	lo.
ri Micha	) LE 00313				84	City				FL	85 Z	ip Coc	10
office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	Flori	da. Such change was a	utho⊓z€	ea by	tne corp	corpo oration	oration submits this statement n's board of directors. I hereb	for the p y accept	purpose of t the appoi	changing ntment as	its reg regist	jistered ered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title	if applicable (NOTE	· Registere	nenA he	t signature	required	when reinstating)		DATE			
12.	OFFICERS AND			13		- anginataro	- oquilion	ADDITIONS/CHANGES	TO OFF	ICERS AN	D DIREC	TORS	IN 12
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	NAPLES FL 34119			1	CITY-SI								
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	KARIN COLSON			ŀ	NAME								
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NAME	HARDY, ROBERT S					ADDRESS							
STREET ADDRESS													
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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, with all other like empowered.

SIGNATURE: '

941-581-1600