

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002573

1. Entity Name

STELLA MARIS HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90005 033 \*\*\*\*61.25

Principal Place of Business

4500 EXECUTIVE DR.  
SUITE 300  
NAPLES FL 34119  
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0806798

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

BRYAN E. CAW  
c/o Gulf Coast Management Services  
10060 Amberwood RD #4

City

FT MYERS

FL

Zip Code

33913

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME KARIN COLSON  
STREET ADDRESS 4500 EXECUTIVE DR., STE. 300  
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSTD  
NAME HARDY, ROBERT S  
STREET ADDRESS 6289 BURNHAM RD.  
CITY-ST-ZIP NAPLES FL 34119 ☐ 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 exemption stated in Section 119.07(3)(i), 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:

KARIN COLSON REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00

Date

941-561-1600

Daytime Phone #