

6/8/

FILED
Jul 06, 2001 8:00 am
Secretary of State

06-08-2001 90013 001 ***122.50

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002573

1. Entity Name

STELLA MARIS HOMEOWNERS' ASSOCIATION, INC.

LA

Principal Place of Business

Mailing Address

4500 EXECUTIVE DR.
SUITE 300
NAPLES FL 34119
US

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



DO NOT WRITE IN THIS SPACE

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

Name

Street Address

City

Jan Spireo
12734 Kenwood Lane
Suite 219
Fort Myers, FL
33907

8. The above named entity submits this statement for the purpose of changing its registered office or

SIGNATURE *Jan Spireo*

6-26-01

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

(NOT) Registered Agent signature required when reinstating

DATE

**FILE NOW:
FEE IS \$61.25**

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

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

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

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

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jan Spireo*

6-4-01 941-939-2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)