

# 2001 UNIFORM BUSINESS REPORT (UBR)

6/8/

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

06-08-2001 90013 001 \*\*\*122.50

**DOCUMENT # N96000002573**

1. Entity Name

**STELLA MARIS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4500 EXECUTIVE DR.  
 SUITE 300  
 NAPLES FL 34119  
 US

GULF COAST MGMT SVC  
 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

Zip

Country

Zip

Country

4. FEI Number

65-0806798

Applied For

Not Applicable

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

~~CRUZ, BRYAN~~  
 C/O GULF COAST MANAGEMENT SERVICES  
 10060 AMBERWOOD RD #3  
 FT MYERS FL 33913

Jan Spire  
 12734 Kennelwood 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

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-STATE-ZIP NAPLES FL 34119

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-4-01 941-939-2999

CR2E037 (10/00)