


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90449 031 \*\*\*150.00

**DOCUMENT # P00000078437**

1. Entity Name  
**STAR ISLAND REALTY, INC.**



Principal Place of Business  
**5000 AVE OF THE STARS  
 KISSIMMEE FL 34746**

Mailing Address  
**2800 N POINCIANA BLVD  
 KISSIMMEE FL 34746**

2. Principal Place of Business  
 Suite, Apt. #, etc.


3. Mailing Address  
**5000 AVENUE OF THE STARS**  
 Suite, Apt. #, etc.

City & State  
**KISSIMMEE FL**

City & State  
**KISSIMMEE FL**

Zip  
**34746**

Country  
**U.S.A.**



MOORE CR2E034 (11/03)

4. FEI Number **59-3667345**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KAPLUS, ROBERT  
 2800 N POINCIANA BLVD  
 KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent

Name **HILLEL MEYERS**

Street Address (P.O. Box Number is Not Acceptable)  
**5000 AVENUE OF THE STARS**

City **KISSIMMEE** FL Zip Code **34746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Hillel Meyers Pres* *Hillel Meyers Pres* **4/30/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MEYERS, HILLEL 4875 OINE TREE DRIVE MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVENTHAL, RON 8762 LAKE TIBET COURT ORLANDO FL 32836	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUSSER, ART ORLANDO INTERVAL SALES 7213 GREENVILLE CT ORLANDO FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *Hillel Meyers Pres* **4/30/04** **407 997 8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #