

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N12000010728

Entity Name: 817 VIA TRIPOLI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

817 VIA TRIPOLI
UNI 122
PUNTA GORDA, FL 33950

Current Mailing Address:

C/O STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

FEI Number: 47-3532915

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT
C/O STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

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: SHERIDAN DANKO

04/17/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name WOODS, DENNIS E
Address C/O STAR HOSPITALITY
MANAGEMENT
26530 MALLARD WAY
City-State-Zip: PUNTA GORDA FL 33950

Title TPD
Name HELLER, BARRY
Address C/O STAR HOSPITALITY
MANAGEMENT
26530 MALLARD WAY
City-State-Zip: PUNTA GORDA FL 33950

Title STD
Name CANNATA, RAY
Address C/O STAR HOSPITALITY
MANAGEMENT
26530 MALLARD WAY
City-State-Zip: PUNTA GORDA FL 33950

Title VPD
Name HALTER, CURTIS
Address C/O STAR HOSPITALITY
MANAGEMENT
26530 MALLARD WAY
City-State-Zip: PUNTA GORDA FL 33950

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS E WOODS

PRESIDENT

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date