

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000078300

Entity Name: STAR ISLAND MANAGEMENT CORP.**Current Principal Place of Business:**5000 AVENUE OF THE STARS
KISSIMMEE, FL 34746**Current Mailing Address:**5000 AVENUE OF THE STARS
KISSIMMEE, FL 34746 US**FEI Number:** 59-3306571**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEYERS, HILLEL
5000 AVENUE OF THE STARS
KISSIMMEE, FL 34746 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PSD
Name	MEYERS, HILLEL
Address	5000 AVENUE OF THE STARS
City-State-Zip:	KISSIMMEE FL 34746

Title	VD
Name	SHEPPARD, JENNIFER
Address	5000 AVENUE OF THE STARS
City-State-Zip:	KISSIMMEE FL 34746

Title	TVD
Name	FINOCCHIARO, VICTORIA A
Address	5000 AVENUE OF THE STARS
City-State-Zip:	KISSIMMEE FL 34746

Title	D
Name	MEYERS, JUDITH
Address	5000 AVENUE OF THE STARS
City-State-Zip:	KISSIMMEE FL 34746

Title	D
Name	GARAZI, CARRIE
Address	5000 AVENUE OF THE STARS
City-State-Zip:	KISSIMMEE FL 34746

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VICTORIA FINOCCHIARO**DIRECTOR****03/03/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date