

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000003776

1. Entity Name
STARWOOD DEVELOPMENT CORP.



Principal Place of Business

**591 WEST PUTNAM AVE
GREENWICH, CT 06830 US**

Mailing Address

**591 WEST PUTNAM AVE
GREENWICH, CT 06830 US**

DO NOT WRITE IN THIS SPACE



02142006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-3858275

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000471734
03/29/06-80008-016 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCED
STERNLIGHT, BARRY S
591 WEST PUTNAM AVE
GREENWICH, CT 06830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVAS
GROSE, MADISON F
591 WEST PUTNAM AVE
GREENWICH, CT 06830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GEIMER, ROBERT
591 WEST PUTNAM AVE
GREENWICH, CT 06830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVCT
SILVEY, JEROME
591 WEST PUTNAM AVE
GREENWICH, CT 06830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
KLEEMAN, MERRICK R
591 WEST PUTNAM AVE
GREENWICH, CT 06830**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PHILLIPS, CHRISTOPHER
591 WEST PUTNAM AVE
GREENWICH, CT 06830**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jerome Silvey

(203) 422-7701