

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 06, 2009
Secretary of State**

DOCUMENT# N00000000407

Entity Name: STAR ISLAND VACATION OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

ONE AVENUE OF THE STARS
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

PO BOX 22819
9560 VIA ENCINAS
LAKE BUENA VISTA, FL 32830

New Mailing Address:

5324 FAIRFIELD LAKE DRIVE
KISSIMMEE, FL 34746

FEI Number: 52-2226210 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCINTA, RICHARD
Address: 9560 VIA ENCINAS
City-St-Zip: ORLANDO, FL 32830

Title: STD () Delete
Name: CRAIN, DIEDRE
Address: 5324 FAIRFIELD LAKE DR
City-St-Zip: KISSIMMEE, FL 34746

Title: VD () Delete
Name: LAKE, DARRYLL
Address: 8905 LEELAND ARCHER BLVD.
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: LANG, KEVIN
Address: 5324 FAIRFIELD LAKE DR
City-St-Zip: KISSIMMEE, FL 34746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KEVIN LANG

STD

03/06/2009

Electronic Signature of Signing Officer or Director

_____ Date