## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N01000003584**

STARS BOOSTER NON-PROFIT GROUP, INC.



## **FILED** Apr 12, 2004 8:00 am Secretary of State 04-12-2004 90301 048 \*\*\*\*70.00

Principal Place of Business  Suite, April, 4 etc.  City & State  Cit	164 SAUSALITO BOULEVARD CASSELBERRY, FL 32707  2. Principal Pace of Business  Suita, Apt. 4, etc.  City & State  C				100	WE THE				
Suite, Apt. #. etc.    Suite, Apt. #. etc.   Suite, Apt. #. etc.   03252004   Chg.NP   CR2E037 (10/03)*   Cry & State   City & State   4. FEI Number   59-3692372   New Applied For   59-3	Suite. Apt. #. etc.    Suite. Apt. #. etc.	164 SAUSALITO BOULEVARD 164		164 SAUSALITO BOU	4 Sausalito Boulevard		· · · · · · · · · · · · · · · · · · ·			
City & State  Country  City  Cit	City & State  Ci	Principal Place of Business     3. Mailing Address								
City & State  Country  Country  Country  Country  Country  S. Certificate of Status Duesined  S. S. 75 Applicable  S. 75 Applicable  S. Certificate of Status Duesined  To Name and Address of Current Registered Agent  Name  To Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  CASSELBERRY, FL 32707  CAY  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  CAY  FL Zip Code  CAY  FL Zip Code  CAY  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  CAY  FL Zip Code  Florida Department of State  CAY  FL Zip Code  Florida Department of State  CAY  FL Zip Code  Florida Department of State  Florida Department of State  Florida Department of State  CAY  FL Zip Code  Florida Department of State  Florida Department of State  CAY  FL Zip Code  Florida Cay  Florida Cay  Florida Department of State  Florida Depar	City & State  Country	Cuita Ant	# ata	Cuito Amt # ata						1
Sp. 369/372   Sp. 460/400/60able   Sp. 75 Applicable   Sp. 75 Ap	Sp. 369/3272   Next Application   Sp. 359/3272   Next Application   Sp. 356/3272   Next Application   Sp. 356/3272   Sp. 375 Additional Fee Required   Sp. 375 Additional Fee	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		03252004 Cr	ng-NP CR2E	037 (10/03)	•
S. Name and Address of Current Registered Agent  For Registered Agent  7. Name and Address of Naw Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  The above resmed 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  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  For fide Department of State  Florida Department of State  Florida Department of State  For fide Separation (notice) of the purpose of Changing is registered office or registered agent, or both, in the State of Florida Department of State  Filing Fee is \$61.25  Due by May 1, 2004  Filing Fee is \$61.25  Fee Address (P.O. Box Number is Not Acceptable)  Fee Address (P.O. Box Number is Not Acceptable to File Acceptable to File Acceptable to File Acceptable to File Acceptable to	S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  HOFFMANN, JACQULINE 164 SAUSALITO BOULEVARD CASSELBERRY, FL 32707  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Filling Fee Is \$61.25  Due by May 1, 2004  Filling Fee Is \$61.25  Due by May 1, 2004  Filling Fee Is \$61.25  Due by May 1, 2004  Filling Fee Is \$61.25  Due by May 1, 2004  Filling Fee Is \$61.25  Due by May 1, 2004  Filling Fee Is \$61.25  Due by May 1, 2004  Filling Fee Is \$61.25  Due by May 1, 2004  Filling Fee Is \$61.25  Due by May 1, 2004  Filling Fee Is \$61.25  Due by May 1, 2004  Filling Fee Is \$61.25  Due by May 1, 2004  Filling Fee Is \$61.25  Due by May 1, 2004  Filling Fee Is \$61.25  Due by May 1, 2004  Filling Fee Is \$61.25  Due by May 1, 2004  Filling Fee Is \$61.25  Due by May 1, 2004  Filling Fee Is \$61.25  For Indoor Principt of Indoor Indoo	City & State	е	City & State			4. FEI Number 59-369237	2	<b>⊢</b> + - ′	
Name   Street Address (P.O. Box Number is Not Acceptable)	Name	Zip	Country	Zip	Country		5. Certificate of St	atus Desired		
HOFFMANN, JACQULINE 168 ASUSALITO BOULEVARD CASSELBERRY, FL 32707  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    Synthis, type of pinter ram of registered agent and lists 6 systematic for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Synthis, type of pinter ram of registered agent and lists 6 systematic for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE	HOFFMANN, JACQULINE   Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Registered	Agent	
CASSELBERRY, FL 32707  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    Synuhia, typed or printer raine of registered agent and the 6 registered agent agen	CASSELBERRY, FL 32707  City FL Zip Code  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   Signa	HOFFMAN	IN, JACQULINE							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.    Signature   Signature house of registered agent and the flapolicable.   INOTE Registered Agent algorature recurring when relaxating   DATE	B. 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  Filling Fee Is \$61.25		· · - · · · - · - · - · · · · · · · · ·		Stree	Address (F	P.O. Box Number is I	Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat	B. 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, Speed or pinted name of registered agent and title 4 spokedoks				City				Zip Cod	le
SIGNATURE    Sometime, typed or printed name of registered agent, and other application.   (NOTE Registered Agent agreeuse required when reinstating)   DATE	SIGNATURE    Signature   Sign	9 The above	named artifu submits this statement for	or the purpose of changing	ita ragistarad office	or register	ad agent or both in			and accept
Signature, Typed or printed name of registered agent and the if expolicable.   (NOTE Registered Agent agreeus recovined when reinscring)   \$5,00 May Be Added to Fees   Make check payable to Florida Department of State	Signature Append or printed rame of registered agent and title if applicable.   NOTE Registered Agent alignature required when reinstating)   DATE			or the purpose of changing	is registered office	or registen	ed agent, or both, in	the State of Florida. Tan	riammar with,	and accept
Trust Fund Co-tribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  TITLE   D   DEPARTMENT   DEP	Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P   CASSELBERRY, FL 32707   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P   CASSELBERRY, FL 32707   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P   CASSELBERRY, FL 32707   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS    CITY-ST-2P   CASSELBERRY, FL 32707   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS    CITY-ST-2P   CASSELBERRY, FL 32707   CITY-ST-2P    TITLE   D   Delete   MAME   COLON, MICHELE    STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   COLON, MICHELE	SIGNATURE.		and title if applicable. (N	OTE: Registered Agent sig	nature required	when reinstating)	DATE	· · ·	<del></del>
Trust Fund Co-tribution.    Added to Fees	Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P   CASSELBERRY, FL 32707   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P   CASSELBERRY, FL 32707   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P   CASSELBERRY, FL 32707   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS    CITY-ST-2P   CASSELBERRY, FL 32707   CITY-ST-2P    TITLE   D   Delete   MAME   STREET ADDRESS    CITY-ST-2P   CASSELBERRY, FL 32707   CITY-ST-2P    TITLE   D   Delete   MAME   COLON, MICHELE    STREET ADDRESS   164 SAUSALITO BOULEVARD   CITY-ST-2P    TITLE   D   Delete   MAME   COLON, MICHELE	<del></del>								
TITLE NAME BENNET, KERI R STREET ADDRESS 164 SAUSALITO BOULEVARD CITY-ST-2IP CASSELBERRY, FL 32707  TITLE D CASSELBERRY, FL 32707  TITLE NAME STREET ADDRESS 104 SAUSALITO BOULEVARD CITY-ST-2IP CASSELBERRY, FL 32707  TITLE D CASSELBERRY, FL 32707  TITLE NAME STREET ADDRESS 164 SAUSALITO BOULEVARD CASSELBERRY, FL 32707  TITLE D CASSELBERRY, FL 32707  TITLE NAME STREET ADDRESS 164 SAUSALITO BOULEVARD CASSELBERRY, FL 32707  TITLE NAME STREET ADDRESS 164 SAUSALITO BOULEVARD CASSELBERRY, FL 32707  TITLE D CASSELBERRY, FL 32707  TITLE NAME STREET ADDRESS 164 SAUSALITO BOULEVARD CASSELBERRY, FL 32707  TITLE D CASSELBERRY, FL 32707  TITLE NAME COLON, MICHELLE STREET ADDRESS 164 SAUSALITO BOULEVARD CASSELBERRY, FL 32707  TITLE NAME COLON, MICHELLE STREET ADDRESS 164 SAUSALITO BOULEVARD CASSELBERRY, FL 32707  TITLE RAME COLON, MICHELLE STREET ADDRESS CITY-ST-2IP  TITLE NAME COLON, MICHELLE STREET ADDRESS CITY-ST-2IP  TITLE RAME COLON, MICHELLE STREET ADDRESS CITY-ST-2IP  TITLE RAME COLON, MICHELLE STREET ADDRESS CITY-ST-2IP  TITLE RAME COLON, MICHELLE STREET ADDRESS CITY-ST-2IP  TITLE NAME SAUSALITO BOULEVARD CITY-ST-2IP  TITLE NAME SAUSALITO BOULEVARD CITY-ST-2IP	TITLE  INAME  STREET ADDRESS STREET	1				_	\$5.00 May Be Added to Fees			
NAME SIREET ADDRESS 164 SAUSALITO BOULEVARD CASSELBERRY, FL 32707  TITLE D CASSELBERRY, FL 32707  TITLE CASSELBERRY, FL 32707  TITLE D CASSELBERRY, FL 32707  TITLE NAME SIREET ADDRESS CITY-ST-2IP CASSELBERRY, FL 32707  TITLE NAME COLON, MICHELLE SIREET ADDRESS CITY-ST-2IP CASSELBERRY, FL 32707  TITLE NAME SIREET ADDRESS CITY-ST-2IP CASSELBERRY, FL 32707  TITLE NAME COLON, MICHELLE SIREET ADDRESS CITY-ST-2IP CASSELBERRY, FL 32707  TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-2IP CASSELBERRY, FL 32707  TITLE NAME SIREET ADDRESS SIR	NAME   STREET ADDRESS   164 SAUSALITO BOULEVARD   CASSELBERRY, FL 32707   CA	10.			11.		ADDITIONS/CHANG	ES TO OFFICERS AND D		
CITY-ST-ZIP	CITY-ST-ZIP CASSELBERRY, FL 32707  TITLE  NAME STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707  TITLE  NAME STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707  CITY-ST-ZIP CASSELBERRY, FL 32707  CITY-ST-ZIP CASSELBERRY, FL 32707  CITY-ST-ZIP  TITLE  D  CASSELBERRY, FL 32707  TITLE  D  CASSELBERRY, FL 32707  CITY-ST-ZIP  TITLE  D  CASSELBERRY, FL 32707  CITY-ST-ZIP  TITLE  D  SISK, LONE L  STREET ADDRESS CITY-ST-ZIP  TITLE  D  SISK, LONE L  STREET ADDRESS CITY-ST-ZIP  TITLE  D  CASSELBERRY, FL 32707  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  CASSELBERRY, FL 32707  C	Į.	_	72 Delete		1 7	· PASCH		Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707  TITLE D	STREET ADDRESS CITY-ST-ZIP  CASSELBERRY, FL 32707  TITLE  OSHEA, SANDRA A STREET ADDRESS CITY-ST-ZIP  TITLE OSHEA, SANDRA A STREET ADDRESS CITY-ST-ZIP  TITLE OSHEA, SANDRA A STREET ADDRESS CITY-ST-ZIP  TITLE OSHEA, SANDRA A STREET ADDRESS CITY-ST-ZIP  TITLE OCASSELBERRY, FL 32707  TITLE SISK, LONE L STREET ADDRESS CITY-ST-ZIP  TITLE OCASSELBERRY, FL 32707  TITLE OCASSELBERRY, FL 32707  TITLE OCOLON, MICHELLE STREET ADDRESS CITY-ST-ZIP  TITLE OCOLON, MICHELLE STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707  TITLE STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707  TITLE NAME STREET ADDRESS	1	_	☐ Delete					☐ Change	☐ Addition
CITY-ST-ZIP  CASSELBERRY, FL 32707  TITLE  O'SHEA, SANDRA A  STREET ADDRESS CITY-ST-ZIP  TITLE  D	CITY-ST-ZIP  CASSELBERRY, FL 32707  CITY-ST-ZIP  TITLE:  DO:SHEA, SANDRA A  STREET ADDRESS CITY-ST-ZIP  CASSELBERRY, FL 32707  TITLE  DO:SHEA, SANDRA A  STREET ADDRESS CITY-ST-ZIP  TITLE  DO:SHSK, LONE L  SISK, LONE L  SIRET ADDRESS CITY-ST-ZIP  CASSELBERRY, FL 32707  TITLE  DO:SHSK, LONE L  STREET ADDRESS CITY-ST-ZIP  CASSELBERRY, FL 32707  TITLE  DO:SHSK, LONE L  STREET ADDRESS CITY-ST-ZIP  TITLE  DO:SHSK, LONE L  STREET ADDRESS CITY-ST-ZIP  TITLE  DO:SHSK, LONE L  STREET ADDRESS CITY-ST-ZIP  TITLE  CASSELBERRY, FL 32707  TITLE  CASSELBERRY, FL 32707  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  CASSELBERRY, FL 32707  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  CASSELBERRY, FL 32707  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS STRE		<b>1</b>							
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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 617, 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. 407-332-6322

**SIGNATURE:** 

LLUNE HOLLMOLL
RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-623-5603 Daytime Phone #