
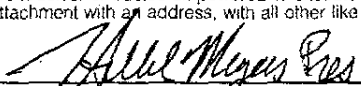


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005572</b> 1. Entity Name <b>STAR ISLAND RESORT AND COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.</b>																																																																																																																													
Principal Place of Business <b>5000 AVENUE OF THE STARS KISSIMMEE FL 34746</b>			Mailing Address <b>5000 AVENUE OF THE STARS KISSIMMEE FL 34746 US</b>																																																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State		4. FEI Number <b>59-3174633</b>																																																																																																																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																									
<b>MEYERS, HILLEL 5000 AVENUE OF THE STARSX KISSIMMEE FL 34746</b>				Name																																																																																																																									
				Street Address (P.O. Box Number is Not Acceptable)																																																																																																																									
				City																																																																																																																									
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																									
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 _____ <small>Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<b>Make Check Payable to Florida Department of State</b>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PDC</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MEYERS, HILLEL A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4875 PINE TREE DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI BEACH FL 33140</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RICHARDSON, HAROLD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5000 AVENUE OF THE STARS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>KISSIMMEE FL 34746</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FINOCCHIARO, VICTORIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5000 AVE OF THE STARS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>KISSIMMEE FL 34746</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHEPPARD, JENNIFER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5000 AVENUE OF THE STARS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>KISSIMMEE FL 34746</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PDC	<input type="checkbox"/> Delete	NAME	MEYERS, HILLEL A		STREET ADDRESS	4875 PINE TREE DR		CITY - ST - ZIP	MIAMI BEACH FL 33140		TITLE	D	<input type="checkbox"/> Delete	NAME	RICHARDSON, HAROLD		STREET ADDRESS	5000 AVENUE OF THE STARS		CITY - ST - ZIP	KISSIMMEE FL 34746		TITLE	STD	<input type="checkbox"/> Delete	NAME	FINOCCHIARO, VICTORIA		STREET ADDRESS	5000 AVE OF THE STARS		CITY - ST - ZIP	KISSIMMEE FL 34746		TITLE	VPD	<input type="checkbox"/> Delete	NAME	SHEPPARD, JENNIFER		STREET ADDRESS	5000 AVENUE OF THE STARS		CITY - ST - ZIP	KISSIMMEE FL 34746		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	PDC	<input type="checkbox"/> Delete																																																																																																																											
NAME	MEYERS, HILLEL A																																																																																																																												
STREET ADDRESS	4875 PINE TREE DR																																																																																																																												
CITY - ST - ZIP	MIAMI BEACH FL 33140																																																																																																																												
TITLE	D	<input type="checkbox"/> Delete																																																																																																																											
NAME	RICHARDSON, HAROLD																																																																																																																												
STREET ADDRESS	5000 AVENUE OF THE STARS																																																																																																																												
CITY - ST - ZIP	KISSIMMEE FL 34746																																																																																																																												
TITLE	STD	<input type="checkbox"/> Delete																																																																																																																											
NAME	FINOCCHIARO, VICTORIA																																																																																																																												
STREET ADDRESS	5000 AVE OF THE STARS																																																																																																																												
CITY - ST - ZIP	KISSIMMEE FL 34746																																																																																																																												
TITLE	VPD	<input type="checkbox"/> Delete																																																																																																																											
NAME	SHEPPARD, JENNIFER																																																																																																																												
STREET ADDRESS	5000 AVENUE OF THE STARS																																																																																																																												
CITY - ST - ZIP	KISSIMMEE FL 34746																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY - ST - ZIP																																																																																																																													
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.																																																																																																																													
<b>SIGNATURE:</b>  <span style="float: right;">4/19/06</span>																																																																																																																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													
<small>Date Daytime Phone #</small>																																																																																																																													

