

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

<p>DOCUMENT # N94000005572</p> <p>1. Entity Name STAR ISLAND RESORT AND COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.</p>		
<p>Principal Place of Business 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746</p>	<p>Mailing Address 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746 US</p>	
<p>DO NOT WRITE IN THIS SPACE</p>		

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04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3174633	Applied For
	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

<p>6. Name and Address of Current Registered Agent</p> <p>MEYERS, HILLEL 5000 AVENUE OF THE STARSX KISSIMMEE, FL 34746</p>	<p>DO NOT WRITE IN THIS SPACE</p>
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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 title if applicable.		(NOTE: Registered Agent signature required when remitting)		DATE
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC MEYERS, HILLEL A 4875 PINE TREE DR MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, HAROLD 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FINOCCHIARO, VICTORIA 5000 AVE OF THE STARS KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHEPPARD, JENNIFER 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/07-80048-006 61.25

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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 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.

SIGNATURE: Victoria Finocchiaro Victoria FINOCCHIARO 4/26/07 407-557-8028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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