

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # N94000005572**

1. Entity Name

STAR ISLAND RESORT AND COUNTRY CLUB  
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5000 AVENUE OF THE STARS  
KISSIMMEE, FL 34746

Mailing Address

5000 AVENUE OF THE STARS  
KISSIMMEE, FL 34746 US



04262007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3174633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEYERS, HILLEL  
5000 AVENUE OF THE STARSX  
KISSIMMEE, FL 34746

**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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDC  
NAME MEYERS, HILLEL A  
STREET ADDRESS 4875 PINE TREE DR  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D  
NAME RICHARDSON, HAROLD  
STREET ADDRESS 5000 AVENUE OF THE STARS  
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE STD  
NAME FINOCCHIARO, VICTORIA  
STREET ADDRESS 5000 AVE OF THE STARS  
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE VPD  
NAME SHEPPARD, JENNIFER  
STREET ADDRESS 5000 AVENUE OF THE STARS  
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000747976  
05/17/07-80048-006 61.25

**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 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 4/24/07 407-997-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #