2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N94000005572

Entity Name: STAR ISLAND RESORT AND COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5000 AVENUE OF THE STARS
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

5000 AVENUE OF THE STARS
KISSIMMEE, FL 34746 US

New Mailing Address:

FEI Number: 59-3386926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MEYERS, HILLEL
5000 AVENUE OF THE STARS
KISSIMMEE, FL 34746 US

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: _____ 01/30/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PDC	( ) Delete
Name:	MEYERS, HILLEL A	
Address:	4875 PINE TREE DR	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	D	( ) Delete
Name:	RICHARDSON, HAROLD	
Address:	5000 AVENUE OF THE STARS	
City-St-Zip:	KISSIMMEE, FL 34746	
Title:	STD	( ) Delete
Name:	FINOCCHIARO, VICTORIA	
Address:	5000 AVE OF THE STARS	
City-St-Zip:	KISSIMMEE, FL 34746	
Title:	VPD	( ) Delete
Name:	SHEPPARD, JENNIFER	
Address:	5000 AVENUE OF THE STARS	
City-St-Zip:	KISSIMMEE, FL 34746	
Title:	D	( ) Delete
Name:	GARAZI, EDWARD	
Address:	5000 AVENUE OF THE STARS	
City-St-Zip:	KISSIMMEE, FL 34746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: VICTORIA FINOCCHIARO SEC 01/30/2009
Electronic Signature of Signing Officer or Director — Date