

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005572

FILED  
Feb 09, 2012  
Secretary of State

**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 STARS  
KISSIMMEE, FL 34746 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDC  
Name: MEYERS, HILLEL A  
Address: 4875 PINE TREE DR  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D  
Name: RICHARDSON, HAROLD  
Address: 5000 AVENUE OF THE STARS  
City-St-Zip: KISSIMMEE, FL 34746

Title: STD  
Name: FINOCCHIARO, VICTORIA  
Address: 5000 AVE OF THE STARS  
City-St-Zip: KISSIMMEE, FL 34746

Title: VPD  
Name: SHEPPARD, JENNIFER  
Address: 5000 AVENUE OF THE STARS  
City-St-Zip: KISSIMMEE, FL 34746

Title: D  
Name: GARAZI, EDWARD  
Address: 5000 AVENUE OF THE STARS  
City-St-Zip: KISSIMMEE, FL 34746

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA FINOCCHIARO

SEC

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date