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Aug 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004704 (1)**
Corporation Name

STAR COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

~~5401 S.W. 24TH STREET
WEST HOLLYWOOD FL 33023~~

~~2440 W. PINETREE DR.
MIAMI FL 33023~~

3. Date Incorporated or Qualified

10/05/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **2311 S.W. 48th Ave**

26 **2311 S.W. 48th Ave**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **W. Hollywood, FL**

28 **W. Hollywood, FL**

24 **33023**

25 **Broward**

29 **33023**

30 **Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEPBURN, PATRICIA
5360 S.W. 19TH STREET
WEST HOLLYWOOD FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **C**
HEPBURN, I.W. S REV.
STREET ADDRESS **2311 S.W. 48TH AVE**
CITY-ST-ZIP **W HOLLYWOOD FL**

TITLE ☐ DELETE

NAME **D**
JOLLY, WILLIAM D
STREET ADDRESS **6111 S.W. 20TH ST.**
CITY-ST-ZIP **W HOLLYWOOD FL**

TITLE ☐ DELETE

NAME **D**
HEPBURN, PATRICIA
STREET ADDRESS **5360 S.W. 19TH ST.**
CITY-ST-ZIP **W HOLLYWOOD FL 33023**

TITLE ☐ DELETE

NAME **M**
THOMAS, EARLY JR
STREET ADDRESS **2830 N.W. 164TH ST.**
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE ☐ DELETE

NAME **D**
HEPBURN, PHILLIP
STREET ADDRESS **1223 WILLOW LERE CIR.**
CITY-ST-ZIP **HOOVER AL**

TITLE ☐ DELETE

NAME **T**
BROWN, ANTHONY
STREET ADDRESS **431 N.W. 184TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33169**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE:

[Signature]

7-28-98 1-954-991-9259

CR2E037 (10/97)