

FILE NOW: FILING FEE IS \$61.25

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Aug 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004704 (1)**  
1. Corporation Name  
**STAR COMMUNITY DEVELOPMENT CORPORATION**



Principal Place of Business <del>5401 S.W. 24TH STREET WEST HOLLYWOOD FL 33023</del>	Mailing Address <del>2440 W. PINETREE DR. MIRAMAR FL 33023</del>
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3. Date Incorporated or Qualified <b>10/05/1995</b>		
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 <b>2311 S.W. 48<sup>th</sup> Ave</b>	2a. Mailing Address 28 <b>2311 S.W. 48<sup>th</sup> Ave</b>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State 23 <b>W. Hollywood, FL</b>	City & State 28 <b>W. Hollywood, FL</b>		
Zip 24 <b>33023</b>	Country 25 <b>Broward</b>	Zip 29 <b>33023</b>	Country 30 <b>Broward</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HEPBURN, PATRICIA  
5360 S.W. 19TH STREET  
WEST HOLLYWOOD FL**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>C</b>	
NAME	<b>HEPBURN, I.W. S REV.</b>	
STREET ADDRESS	<b>2311 S.W. 48TH AVE</b>	
CITY-ST-ZIP	<b>W HOLLYWOOD FL</b>	
TITLE	<b>D</b>	
NAME	<b>JOLLY, WILLIAM D</b>	
STREET ADDRESS	<b>6111 S.W. 20TH ST.</b>	
CITY-ST-ZIP	<b>W HOLLYWOOD FL</b>	
TITLE	<b>D</b>	
NAME	<b>HEPBURN, PATRICIA</b>	
STREET ADDRESS	<b>5360 S.W. 19TH ST.</b>	
CITY-ST-ZIP	<b>W HOLLYWOOD FL 33023</b>	
TITLE	<b>M</b>	
NAME	<b>THOMAS, EARLY JR</b>	
STREET ADDRESS	<b>2830 N.W. 164TH ST.</b>	
CITY-ST-ZIP	<b>OPA LOCKA FL 33054</b>	
TITLE	<b>D</b>	
NAME	<b>HEPBURN, PHILLIP</b>	
STREET ADDRESS	<b>1223 WILLOW LERE CIR.</b>	
CITY-ST-ZIP	<b>HOOVER AL</b>	
TITLE	<b>T</b>	
NAME	<b>BROWN, ANTHONY</b>	
STREET ADDRESS	<b>431 N.W. 184TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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** **1-95A-991-9259**

CR2E037 (10/97)