2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State			
	IMENT # N9600000086		}	-	Secrei	ary of State		
1Entity Na	^{ME} ON BREAK RESORTS AT STAF							
CONDO	MINIUM ASSOCIATION, INC.	CIOLAND		}				
		198 144 14						
		failing Address		1			•	
		5000 AVE OF THE STARS KISSIMMEE, FL 34746		}				
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r	O NOT WOITE !!	^=	01112005	No Chg-NF	CR2E	037 (10/03)		
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					83215		Not Applicable \$8.75 Additional	
<i></i>		· · · · · · · · · · · · · · · · · · ·		5. Certificat	e of Status Des	sired	Fee Required	
	6. Name and Address of Current Regis	tered Agent						
MEYERS	HILLEL		DO	MOT	WRIT	F		
5000 AVE OF THE STARS KISSIMMEE, FL 34746								
11100111111	22,72 04140		{	IN	THIS	SPAC		
							z··	
	e named entity submits this statement for the	ourpose of changing its register	L ed office or register	ed agent, or b	oth, in the State	of Florida. I an	familiar with, and accept	
the obliga	tions of registered agent.							
SIGNATURE	Signature, typod or printed name of registered agent and little	ANOTE COLOR	d Ageni signature required		·	DATE	·	
	aignature, typod or printed hards of registerbolagent and little	Rappicable (NOTE, Registero	a Agent signature required	wien reinstaung)		. DATE		
	Filing Fee is \$61.25 Due by May 1, 2005	 Election Campaign Finan Trust Fund Contribution. 		00 May Be ed to Fees				
10.	OFFICERS AND DIREC	CTORS	<u>I </u>					
TITLE	PDC							
NAME STREET ADDRESS	MEYERS, HILLEL A 4875 PINE TREE DRIVE		(
CITY-ST-ZIP	MIAMI BEACH, FL 33140	ا <u></u> - الماريخ المار			£ 40m .m.	annaman.		
TITLE	VPD		Ì		UIIU 100.00	100027 9 01	í -Ŭ24 61.25	
NAME STREET ADDRESS	SHEPPARD, JENNIFER 5000 AVE OF THE STARS	•	Į		OOK EDY	00-0004 L	-U24 D1.23	
CITY-ST-ZIP	KISSIMMEE, FL 34746	·	<u>].</u>		-			
TITLE	STD		1				(
NAME	FINOCCHIARO, VICTORIA							
STREET ADDRESS CITY - ST - ZIP	5000 AVE OF THE STARS KISSIMMEE, FL 34746	,		DO	NOT	WRIT	E	
TITLE	THOOMINEE, I'E OT/TO	Printings at		IAI	TUIC	SPAC	<u></u>	
NAME				11/4	פוח ו	SPACE	-	
STREET ADDRESS							į	
CITY-ST-ZIP			1	,				
NAME							ł	
STREET ADDRESS		į					ĺ	
CITY-ST-ZIP							–	
TITLE NAME							ĺ	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STREET ADDRESS
CITY - ST - ZIP

AULT MULLS THE STREET OF SIGNING OFFICER OR DIRECTOR

1305

417 997 8000 Date Daylytin Phone #