

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9600000863

1. Entity Name
VACATION BREAK RESORTS AT STAR ISLAND
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
5000 AVE. OF THE STARS
KISSIMMEE, FL 34746

Mailing Address
5000 AVE OF THE STARS
KISSIMMEE, FL 34746



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3383215

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEYERS, HILLEL
5000 AVE OF THE STARS
KISSIMMEE, FL 34746

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PDC MEYERS, HILLEL A 4875 PINE TREE DRIVE MIAMI BEACH, FL 33140 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD SHEPPARD, JENNIFER 5000 AVE OF THE STARS KISSIMMEE, FL 34746 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD FINOCCHIARO, VICTORIA 5000 AVE OF THE STARS KISSIMMEE, FL 34746 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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03/28/05-80047-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05

407 997 8000

Date

Daytime Phone #