


*** 2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000000863	
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
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3383215	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000756202
05/23/07-80022-010 61.25

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Victoria Finocchiaro **VICTORIA FINOCCHIARO** 4/26/07 407-997-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #