

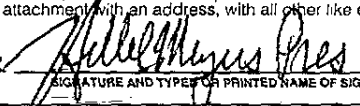


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # N97000003589</b>						
1. Entity Name <b>STAR ISLAND RESORT AND COUNTRY CLUB IV CONDOMINIUM ASSOCIATION, INC.</b>						
Principal Place of Business <b>5000 AVENUE OF THE STARS KISSIMMEE, FL 34746</b>	Mailing Address <b>5000 AVENUE OF THE STARS KISSIMMEE, FL 34746</b>	  01112005 No Chg-NP CR2E037 (10/03) <table border="1"><tr><td>4. FEI Number <b>59-3386926</b></td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>59-3386926</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
4. FEI Number <b>59-3386926</b>	Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  <b>MEYERS, HILLEL 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  000000279012 03/28/05-80047-022 61.25				
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 AVENUE OF THE STARS KISSIMMEE, FL 34746					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FINOCCHIARO, VICTORIA 5000 AVENUE OF THE STARS KISSIMMEE, FL 34746					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/13/05</b> Daytime Phone # <b>407 997 8000</b>				