

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90449 031 ***150.00

DOCUMENT # P00000078437

1. Entity Name

STAR ISLAND REALTY, INC.



Principal Place of Business

5000 AVE OF THE STARS
KISSIMMEE FL 34746

Mailing Address

2800 N POINCIANA BLVD
KISSIMMEE FL 34746

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

5000 AVENUE OF THE STARS

City & State

City & State

KISSIMMEE FL

Zip

Country

Zip

Country

34746

U.S.A.



MOORE

CR2E034 (11/03)

4. FEI Number

59-3667345

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLUS, ROBERT
2800 N POINCIANA BLVD
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name HILLEL MEYER

Street Address (P.O. Box Number is Not Acceptable)

5000 AVENUE OF THE STARS

City

KISSIMMEE

FL

Zip Code

34746

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]

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/30/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
PSD
MEYERS, HILLEL
4875 OINE TREE DRIVE
MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LEVENTHAL, RON
8762 LAKE TIBET COURT
ORLANDO FL 32836 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SUSSER, ART
ORLANDO INTERVAL SALES 7213 GREENVILLE CT
ORLANDO FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 607, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 407 997 8000

Date

Daytime Phone #