


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000072221**

1. Entity Name  
**THE CLUB AT STAR ISLAND, INC.**



Principal Place of Business      Mailing Address

**5000 AVENUE OF THE STARS  
 KISSIMMEE FL 34746**      **5000 AVENUE OF THE STARS  
 KISSIMMEE FL 34746  
 US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**MEYERS, HILLEL  
 5000 AVENUE OF THE STARS  
 KISSIMMEE FL 34746**

4. FEI Number      Applied For

**59-3340638**      Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

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's signature required when appointing)  
 Signature, typed or printed name of registered agent and title if applicable.      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00 May Be Added to Fees**

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	VSCT	<input type="checkbox"/> Delete
NAME	MEYERS, HILLEL	
STREET ADDRESS	4875 PINE TREE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHEPPARD, JENNIFER	
STREET ADDRESS	4875 PINETREE DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	P	<input type="checkbox"/> Delete
NAME	PODVIN, ROBERT	
STREET ADDRESS	5000 AVENUE OF THE STARS	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000831701  
 02/27/08-80028-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: ROBERT PODVIN, PRES CLUB AT STAR ISLAND**      *Robert Podvin*      **407-997-7886**

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