

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737660

1. Entity Name

THE ISLANDS - BERMUDA ASSOCIATION, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90031 007 ****61.25

Principal Place of Business

1889 SOUTH OCEAN DRIVE
HALLANDALE FL 33009

Mailing Address

1761 W HILLSBORO BLVD
SUITE 205
DEERFIELD BEACH FL 33442-1561
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1716342

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT PROP. MGMT.
1761 W HILLSBORO BLVD
SUITE 205
DEERFIELD BEACH FL 33442

Name

Eric Glazer, Esq.

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

1920 E. Hallandale Beach Blvd.

8th floor

City

Hallandale

FL

Zip Code
33009

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCEVOY, TOM	
STREET ADDRESS	1889 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BONANNO, MARIE	
STREET ADDRESS	1889 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ASSELIN, DENISE	
STREET ADDRESS	1889 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GAURON, BRUNO	
STREET ADDRESS	1889 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEDARD, CELINE	
STREET ADDRESS	1889 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ROBETAILE, DIANE	
STREET ADDRESS	1889 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL	

TITLE	President/DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart Cadan	
STREET ADDRESS	1889 S Ocean Dr	
CITY-ST-ZIP	Hallandale, FL	
TITLE	VP/DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Felice Ianni	
STREET ADDRESS	1889 S Ocean Dr	
CITY-ST-ZIP	Hallandale, FL	
TITLE	Treasurer/DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemary DeFrancesco	
STREET ADDRESS	1889 S Ocean Dr	
CITY-ST-ZIP	Hallandale, FL	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angelo Montalto	
STREET ADDRESS	1889 S Ocean Dr	
CITY-ST-ZIP	Hallandale, FL	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Alfano	
STREET ADDRESS	1889 S Ocean Dr	
CITY-ST-ZIP	Hallandale FL	
TITLE	Secretary/DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Robitaille	
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

Daytime Phone #

CR2E037 (9/99)