

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000026081

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** ISLAND HOSPITALITY FLORIDA MANAGEMENT, INC.

**Current Principal Place of Business:**

50 COCOANUT ROW  
STE 200  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

50 COCOANUT ROW  
STE 200  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 65-0826461      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: WALKER, TIM PRES  
Address: 50 COCOANUT ROW STE 200  
City-St-Zip: PALM BEACH, FL 33480

Title: MR  
Name: POLLAK, ROGER SECR  
Address: 50 COCOANUT ROW STE 200  
City-St-Zip: PALM BEACH, FL 33480

Title: MRS  
Name: BACHMAN, BARBARA TREAS  
Address: 50 COCOANUT ROW STE 200  
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA BACHMAN

TREA

04/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date