

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90081 020 ****61.25

DOCUMENT # 709862

1. Entity Name

ISLE OF PARADISE "B", INC.



Principal Place of Business

450 PARADISE ISLE BLVD #105
HALLANDALE FL 33009

Mailing Address

450 PARADISE ISLE BLVD #105
102
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1152845

Applied For

Not Applicable

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

CARRO, JOAN N
450 PARADISE ISLE BLVD.
102
HALLANDALE FL 33009

Name Beatrice Goldman

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

450 Paradise Isle Blvd

APT 207

City

Hallandale Beach

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Beatrice Goldman

1/31/2004

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

Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME CARRO, JOAN
STREET ADDRESS 450 PARADISE ISLE BLVD
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☒ Delete
NAME LOGUIDICE, ANITA
STREET ADDRESS 450 PARADISE ISLE BLVD, #101
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete
NAME FRANCIOSI, DONALD
STREET ADDRESS 450 PARADISE ISLE BLVD.
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete
NAME SARTA, GRACE
STREET ADDRESS 450 PARADISE ISLE BLVD
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete
NAME FRANCIOSI, ARLINE
STREET ADDRESS 450 PARADISE ISLE BLVD, #108
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete
NAME LOGUIDICE, ANITA
STREET ADDRESS 450 PARADISE ISLE BLVD
CITY-ST-ZIP HALLANDALE BEACH FL 33009

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME VICE President
STREET ADDRESS Joan Carro
CITY-ST-ZIP 450 Paradise Isle Blvd APT 102
Hallandale FL 33009

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

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS Beatrice Goldman
CITY-ST-ZIP 450 Paradise Isle Blvd APT 207
Hallandale FL 33009

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

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

TITLE ☐ Change ☐ Addition
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:

Arline Franciosi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date 1/31-04 Daytime Phone #