

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90009 014 ****70.00

DOCUMENT # 709862

1. Entity Name
ISLE OF PARADISE "B", INC.



Principal Place of Business
450 PARADISE ISLE BOULEVARD
HALLANDALE, FL 33009

Mailing Address
450 PARADISE ISLE BOULEVARD
102
HALLANDALE, FL 33009

40030613



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

01102007

Chg-NP

CR2E037 (12/06)

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

MCCLUNG, KASEY
450 PARADISE ISLE BOULEVARD
APT 310
HALLANDALE BEACH, FL 33009

7. Name and Address of New Registered Agent

Name BEATRICE GOLDMAN
Street Address (P.O. Box Number is Not Acceptable)
450 PARADISE ISLE BLVD #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 / TREASURER Beatrice Goldman 3/3/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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	P	☒ Delete
NAME	MCCLUNG, KASEY	
STREET ADDRESS	450 PARADISE ISLE BOULEVARD #110	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	S	☒ Delete
NAME	CARNEY, WILLIAM	
STREET ADDRESS	450 PARADISE ISLE BOULEVARD #107	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	V	☒ Delete
NAME	FRANCIOSI, DONALD	
STREET ADDRESS	450 PARADISE ISLE BOULEVARD #108	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	☒ Delete
NAME	MCCLUNG, KEVIN	
STREET ADDRESS	450 PARADISE ISLE BOULEVARD SUITE 110	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	T	☒ Delete
NAME	FRANCIOSI, ARLINE	
STREET ADDRESS	450 PARADISE ISLE BLVD, #108	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	☒ 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	PRESIDENT	☒ Change ☐ Addition
NAME	ARLINE FRANCIOSI	
STREET ADDRESS	450 PARADISE ISLE BLVD #108	
CITY-ST-ZIP	HALLANDALE BEACH, FLORIDA 33009	
TITLE	SECRETARY	☒ Change ☐ Addition
NAME	JOAN CARRO	
STREET ADDRESS	450 PARADISE ISLE BLVD #102	
CITY-ST-ZIP	HALLANDALE BEACH, FLORIDA 33009	
TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	ELY DESALE	
STREET ADDRESS	450 PARADISE ISLE BLVD #301	
CITY-ST-ZIP	HALLANDALE BEACH, FLORIDA 33009	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	BILL CARNEY	
STREET ADDRESS	450 PARADISE ISLE BLVD	
CITY-ST-ZIP	HALLANDALE BEACH, FLORIDA 33009	
TITLE	TREASURER	☒ Change ☐ Addition
NAME	BEATRICE GOLDMAN	
STREET ADDRESS	450 PARADISE ISLE BLVD #207	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	ANDY SPENCER	
STREET ADDRESS	450 PARADISE ISLE BLVD #306	
CITY-ST-ZIP	HALLANDALE BEACH FL 33009	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BEATRICE GOLDMAN

3/3/07 954-967-6550