

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707788

Entity Name: ISLE OF PARADISE "E", INC.**Current Principal Place of Business:**465 PARADISE ISLE BLVD
HALLANDALE BEACH, FL 33009**Current Mailing Address:**465 PARADISE ISLE BLVD
HALLANDALE BEACH, FL 33009**FEI Number:** 59-1091811**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STUBBS, JANE
465 PARADISE ISLE BLVD.
#307
HALLANDALE BEACH, FL 33009-5893 US*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**Officer/Director Detail :**

Title	VP
Name	COSTANTINO, CARMELO
Address	465 PARADISE ISLE BLVD. #108
City-State-Zip:	HALLANDALE BEACH FL 33309-5893

Title	S/T
Name	STUBBS, JANE
Address	465 PARADISE ISLE BLVD. #307
City-State-Zip:	HALLANDALE BEACH FL 33009-5893

Title	D
Name	ADAMITIS, AL
Address	465 PARADISE ISLE BLVD. #208
City-State-Zip:	HALLANDALE BEACH FL 33009-5893

Title	P
Name	YENNER, LINDA
Address	465 PARADISE ISLE BLVD. #308
City-State-Zip:	HALLANDALE BEACH FL 33009-5893

Title	D
Name	RAMIER, GILLES
Address	465 PARADISE ISLE BLVD. #203
City-State-Zip:	HALLANDALE BEACH FL 33009-5893

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANE STUBBS**TREASURER****04/30/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date