# 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.

DIRECTORS

	GUS NASSIEL
SIGNATURE.	GUS INASSIEL

Electronic Signature of Signing Officer/Director Detail

## Entity Name: ISLE OF PARADISE "B", INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Current Principal Place of Business:

450 PARADISE ISLE BOULEVARD 206 HALLANDALE, FL 33009

**DOCUMENT# 709862** 

**REPORT** 

### **Current Mailing Address:**

450 PARADISE ISLE BOULEVARD 206 HALLANDALE, FL 33009 US

#### FEI Number: 59-1152845

### Name and Address of Current Registered Agent:

KREMEN, CARIDAD C/O ASSOCIATION MGMT. GROUP, INC, 160 NW 176TH STREET SUITE 206 MIAMI, FL 33169 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:	CARIDAD KREMEN			10/13/2014	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	D/P	Title	D/VP		
Name	DEMARINIS, JOSEPH	Name	OLIVETO, EGIDIO S		
Address	450 PARADISE ISLE BLVD #206	Address	450 PARADISE ISLE BLVD UNIT 303		
City-State-Zip:	HALLANDALE BEACH FL 33009				
		City-State-Zip:	HALLANDALE BEACH FL 3300	9	
Title	D				
Name	NASSIEL, GUS				
Address	450 PARADISE BOULEVARD UNIT 304				
City-State-Zip:	HALLANDALE BEACH FL 33009				

Certificate of Status Desired: No

FILED Oct 13, 2014 Secretary of State CC6195802111

> 10/13/2014 Date

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