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.

D/VP

SIGNATURE: EGIDIO S. OLIVETO

Electronic Signature of Signing Officer/Director Detail

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 709862

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

Current Principal Place of Business:

450 PARADISE ISLE BOULEVARD 310 HALLANDALE, FL 33009

Current Mailing Address:

450 PARADISE ISLE BOULEVARD 310 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 301 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			06/28/2013
	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 ISLE BLVD UNIT 301			
City-State-Zip:	HALLANDALE FL 33009			

FILED Jun 28, 2013 Secretary of State CC5730676137

Certificate of Status Desired: No

Date

06/28/2013