

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709862

Entity Name: ISLE OF PARADISE "B", INC.**Current Principal Place of Business:**450 PARADISE ISLE BOULEVARD
206
HALLANDALE, FL 33009**Current Mailing Address:**450 PARADISE ISLE BOULEVARD
206
HALLANDALE, FL 33009 US**FEI Number:** 59-1152845**Certificate of Status Desired:** No**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

04/30/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DVP
Name LAPORTE, ALAIN
Address 450 PARADISE ISLE BLVD
UNIT 204
City-State-Zip: HALLANDALE BEACH FL 33009

Title DP
Name OLIVETO, EGIDIO S
Address 450 PARADISE ISLE BLVD
UNIT 303
City-State-Zip: HALLANDALE BEACH FL 33009

Title DS
Name DIMARINIS, ALMA
Address 450 PARADISE BOULEVARD
UNIT 206
City-State-Zip: HALLANDALE BEACH FL 33009

Title D
Name MARQUIS, MICHEL
Address 450 PARADISE ISLE BOULEVARD
UNIT 207
City-State-Zip: HALLANDALE FL 33009

Title D
Name MATHIEU, LEONARD
Address 450 PARADISE ISLE BOULEVARD
UNIT 201
City-State-Zip: HALLANDALE BEACH FL 33009

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: OLIVETO , EGIDIO S

DP

04/30/2016

Electronic Signature of Signing Officer/Director Detail

Date