

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709862

**FILED**  
**May 04, 2014**  
**Secretary of State**  
**CC3302503142**

**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

05/04/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/P  
Name DEMARINIS, JOSEPH  
Address 450 PARADISE ISLE BLVD #206  
City-State-Zip: HALLANDALE BEACH FL 33009

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

Title D  
Name LAPORTE, ALAIN  
Address 1968 RUE DES ARMOIRIES  
City-State-Zip: L'ANCIENNE-LORETTE QC CANADA  
G2E 5V4

*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:** JOSEPH DEMARINIS

D/P

05/04/2014

Electronic Signature of Signing Officer/Director Detail

Date