

**2020 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  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

450 PARADISE ISLE BOULEVARD  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 59-1152845

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIBERIO, TERESA CPA  
12525 SW 34TH PLACE  
DAVIE, FL 33330 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:** TERESA SIBERIO CPA

07/24/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER  
Name DEMARINIS, DARIA  
Address 450 PARADISE ISLE BOULEVARD  
UNIT 206  
City-State-Zip: HALLANDALE BEACH FL 33009

Title PRESIDENT  
Name OJEDA, JOSEPH  
Address 450 PARADISE ISLE BOULEVARD  
UNIT 302  
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP  
Name GERBINO, MICHELE  
Address 450 PARADISE ISLE BOULEVARD  
UNIT 307/308  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name MURPHY, WILLIAM  
Address 450 PARADISE ISLE BOULEVARD  
UNIT 205  
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR  
Name CASTILLO, MARTA  
Address 450 PARADISE ISLE BOULEVARD  
UNIT 102  
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:** DARIA DEMARINIS

SECRETARY

07/24/2020

Electronic Signature of Signing Officer/Director Detail

Date