

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716449

**Entity Name:** YORKDALE'S CARALLTON ISLE ASSOCIATION, INC.

**Current Principal Place of Business:**

419 GOLDEN ISLE DR.  
HALLANDALE, FL 33009

**Current Mailing Address:**

C/O CIOFFI  
419 GOLDEN ISLES DR, #107  
HALLANDALE, FL 33009 US

**FEI Number:** 59-1278857

**Certificate of Status Desired:** No

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

CIOFFI, MARY  
419 GOLDEN ISLES DR #107  
HALLANDALE, FL 33009 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:** MARY CIOFFI

03/27/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER  
Name CIOFFI, MARY  
Address 419 GOLDEN ISLES DRIVE, #107  
City-State-Zip: HALLANDALE FL 33009

Title PRESIDENT  
Name FASSEL, KELLY  
Address 175 AVERY POINT ROAD  
City-State-Zip: SEBRIGHT ONTARIO L0K1W0

Title DIRECTOR  
Name ROSSI, SILVANO  
Address 419 GOLDEN ISLES DR. #307  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name BARBESIN, GARY  
Address 419 GOLDEN ISLES DR, #103  
City-State-Zip: HALLANDALE FL 33009

Title VP  
Name ANGELLOTTI, JOE  
Address 419 GOLDEN ISLES DR. #108  
City-State-Zip: HALLANDALE 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:** MARY CIOFFI

**SEC'Y/TREASURER**

03/27/2018

Electronic Signature of Signing Officer/Director Detail

Date