

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 605246

Entity Name: BAHAMA FAMILY ISLAND PROMOTION BOARD, INC.**Current Principal Place of Business:**1200 SOUTH PINE ISLAND RD
450
PLANTATION, FL 33324**Current Mailing Address:**1200 SOUTH PINE ISLAND RD
450
PLANTATION, FL 33324 US**FEI Number:** 59-1881976**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MANIGAULT, MIRIAM
1200 SOUTH PINE ISLAND RD
450
PLANTATION, FL 33324 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:** MIRIAM MANIGAULT

02/25/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name ROLLE, CARL E
Address ROLLEZZ VILLAS BEACH RESORT
City-State-Zip: OLD BIGHT

Title PRESIDENT
Name ALEXIOU, EMMANUEL CHARLES
Address ABACO BEACH RESORT
MARSH HARBOUR
City-State-Zip: ABACO

Title TREASURER
Name MCINTOSH, MARY LEWIS
Address BLUFF HOUSE BEACH RESORT
City-State-Zip: GREEN TURTLE CAY

Title CFO & DIRECTOR
Name DARVILLE, SHAVONNE P
Address #1 LOCHABAR BAY, CLARENCE
TOWN
City-State-Zip: LONG ISLAND

Title PAST PRESIDENT
Name BASTAIN, CHERYL M
Address SWAINS CAY LODGE
City-State-Zip: MANGROVE CAY

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHAVONNE DARVILLE**DIRECTOR**

02/25/2025

Electronic Signature of Signing Officer/Director Detail

Date