

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708395

FILED  
Jul 28, 2012  
Secretary of State

**Entity Name:** ISLE OF PARADISE "D", INC.

**Current Principal Place of Business:**

470 PARADISE ISLE BLVD  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

470 PARADISE ISLE BLVD  
UNIT 110  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 59-1108435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARBETTER, JO  
470 PARADISE ISLE BLVD  
UNIT 110  
HALLANDALE, FL 33009 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: ARBETTER, JO  
Address: 470 PARADISE ISLE BLVD - UNIT 110  
City-St-Zip: HALLANDALE, FL 33009

Title: VP D  
Name: DUSSAULT, MARC  
Address: 470 PARADISE ISLE BLVD - UNIT 210  
City-St-Zip: HALLANDALE, FL 33009

Title: PD  
Name: LARKIN, DONALD  
Address: 470 PARADISE ISLE BLVD - UNIT 101  
City-St-Zip: HALLANDALE, FL 33009

Title: DS  
Name: CHAMBERLAND, CHRISTINE  
Address: 470 PARADISE ISLE BLVD. #304  
City-St-Zip: HALLANDALE, FL 33009

Title: D  
Name: SAUVE, RONALD  
Address: 470 PARADISE ISLE BLVD. #106  
City-St-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: JO ARBETTER

D

07/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date