

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708564

FILED
Sep 12, 2007
Secretary of State

Entity Name: ISLE OF PARADISE "F", INC.

Current Principal Place of Business:

455 PARADISE ISLE BLVD.
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

455 PARADISE ISLE BLVD.
APT 404
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 59-1106744 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORRIGAN, THOMAS
455 PARADISE ISLE BLVD.
APT 204
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIGIROLAMO, NICK
Address: 455 PARADISE ISLE BLVD., APT 205
City-St-Zip: HALLANDALE, FL 33009

Title: VP () Delete
Name: WALTI, ALAN
Address: 455 PARADISE ISLE BLVD SUITE 407
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: WALTI, MARY
Address: 455 PARADISE ISLE BLVD SUITE 409
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: SAL, LIISTRO
Address: 455 PARADISE ISLE BLVD., APT 207
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: AMADOR, ROMAN E
Address: 455 PARADISE ISLE BLVD SUITE 405
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: BORSELLI, ROBERT
Address: 455 PARADISE ISLE BLVD SUITE 106
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARSHALL KREMEN

MGR

09/12/2007

Electronic Signature of Signing Officer or Director

Date