

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90003 027 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 708564

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



00040074

Principal Place of Business
**455 PARADISE ISLE BLVD.
HALLANDALE, FL 33009**

Mailing Address
**455 PARADISE ISLE BLVD.
APT 404
HALLANDALE, FL 33009**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07302008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1106744

Applied For.

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORRIGAN, THOMAS
455 PARADISE ISLE BLVD.
APT 204
HALLANDALE, FL 33009**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to -
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **DIGIROLAMO, NICK**
STREET ADDRESS **455 PARADISE ISLE BLVD., APT 205**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **WALTI, ALAN**
STREET ADDRESS **455 PARADISE ISLE BLVD SUITE 407**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **WALTI, MARY**
STREET ADDRESS **455 PARADISE ISLE BLVD SUITE 409**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **SAL, LIISTRO**
STREET ADDRESS **455 PARADISE ISLE BLVD., APT 207**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **AMADOR, ROMAN E**
STREET ADDRESS **455 PARADISE ISLE BLVD SUITE 405**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BORSELLI, ROBERT**
STREET ADDRESS **455 PARADISE ISLE BLVD SUITE 106**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-1-08 305-652-6464