

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708564

FILED  
Jul 28, 2012  
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 ( )**

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

GOMEZ, MICHAEL ESQ  
1930 TYLER STREET  
HOLLYWOOD, FL 33020 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: DP  
Name: WELTI, ALAN  
Address: 455 PARADISE ISLE BLVD SUITE 407  
City-St-Zip: HALLANDALE, FL 33009

Title: SD  
Name: WELTI, MARY  
Address: 455 PARADISE ISLE BLVD SUITE 409  
City-St-Zip: HALLANDALE, FL 33009

Title: TD  
Name: SALVATORE, LIISTRO  
Address: 455 PARADISE ISLE BLVD., APT 207  
City-St-Zip: HALLANDALE, FL 33009

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

Title: SD  
Name: BORELLI, ROBERT  
Address: 455 PARADISE ISLE BLVD SUITE 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: ALAN WELTI

DP

07/28/2012

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

\_\_\_\_\_  
Date