

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J00922

FILED  
Jan 07, 2010  
Secretary of State

Entity Name: ISLE OF PALMS MANAGEMENT, INC.

**Current Principal Place of Business:**

% MAUREEN HORNER DICOSOLA  
7400 -46TH AVENUE NORTH  
ST. PETERSBURG, FL 33709

**New Principal Place of Business:**

**Current Mailing Address:**

% MAUREEN HORNER DICOSOLA  
7400 -46TH AVENUE NORTH  
ST. PETERSBURG, FL 33709

**New Mailing Address:**

FEI Number: 59-2652601      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

DICOSOLA, MAUREEN H  
7400-46TH AVENUE NORTH  
ST. PETERSBURG, FL 33709      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDTS  
Name: DICOSOLA, MAUREEN H.  
Address: 9373 1ST STREET NE  
City-St-Zip: ST. PETERSBURG, FL 33702 US

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: MAUREEN HORNER DICOSOLA

PRES

01/07/2010

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

\_\_\_\_\_ Date