

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J00922

FILED
Feb 07, 2012
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 US

New Principal Place of Business:

Current Mailing Address:

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

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

OFFICERS AND DIRECTORS:

Title: VPSD
Name: PALUZZI, KATHERINE
Address: 7400 46TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 337092634 US

Title: D
Name: WERTENBERGER, PATRICIA
Address: 323 SILVER PINE DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: D
Name: BURNS, PENELOPE
Address: 1 WESTON DRIVE
City-St-Zip: POQUOSON, VA 23662

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

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: KATHERINE PALUZZI

VPSD

02/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date