

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J00922

Entity Name: ISLE OF PALMS MANAGEMENT, INC.

Current Principal Place of Business:

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

Current Mailing Address:

% MAUREEN HORNER DICOSOLA
7400 46TH AVENUE NORTH
ST. PETERSBURG, FL 33709-2534 US

FEI Number: 59-2652601

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Officer/Director Detail :

Title VPSD
Name PALUZZI, KATHERINE
Address 7400 46TH AVENUE NORTH
City-State-Zip: ST. PETERSBURG FL 33709-2634

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

Title D
Name BURNS, PENELOPE
Address 135 LAKE CIRCLE
City-State-Zip: HENRICO NC 27842

Title PTD
Name DICOSOLA, MAUREEN H
Address 9373 1ST STREET NE
City-State-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: MAUREEN P DICOSOLA

PRES

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date