

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J00922

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC6713218605**

**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 87 ANCHOR CT  
City-State-Zip: VALENTINES VA 23887

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 DICOSOLA

**PRESIDENT**

**01/12/2015**

Electronic Signature of Signing Officer/Director Detail

Date