

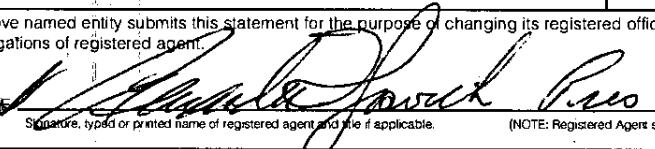
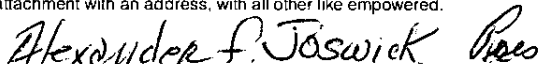


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90189 031 ****61.25

| | | | | | |
|---|---|--|---|--|--------------------------------|
| DOCUMENT # 728554 1. Entity Name SANDALFOOT BOULEVARD APARTMENTS, BUILDING 501, ASSOCIATION, INC. | | | |  | |
| Principal Place of Business PHOENIX MANAGEMENT SERVICES 4780 N. STATE RD. 7, STE E250 LAUDERDALE LAKES, FL 33319 US | | | Mailing Address PHOENIX MANAGEMENT SERVICES 4780 N. STATE RD. 7, STE E250 LAUDERDALE LAKES, FL 33319 US | | |
| 2. Principal Place of Business SANDALFOOT BLVD CONDO 501 Suite, Apt. #, etc. 9949 SANDALFOOT BLVD. City & State BOCA RATON, FL. Zip 33319 | | 3. Mailing Address PHOENIX MGMT. Suite, Apt. #, etc. 4780 N. STATE RD. 7-E 250 City & State LAUDERDALE LAKES, FL. Zip 33319 | |  | |
| 4. FEI Number 59-1922720 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PHOENIX MANAGEMENT SERVICES 4780 N. STATE RD. 7, STE E250 LAUDERDALE LAKES, FL 33319 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  7/5/04 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KASE, BERT 9949 SANDALFOOT BLVD # 520 BOCA RATON, FL 33428 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JOSWICK, ALEXANDER 9949 SANDALFOOT BLVD., #542 BOCA RATON, FL 33428 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LAURENZANO, EDWARD 9949 SANDALFOOT BLVD. 538 BOCA RATON, FL 33428 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GARLINI, MATASHA 10745 EMBER ST BOCA RATON, FL 33428 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MESQUITA, MARIO 10745 EMBER ST. BOCA RATON, FL 33428 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | 7/5/04 | | 561 482 8730 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |