


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90059 019 ****61.25

DOCUMENT # 728554 1. Entity Name SANDALFOOT BOULEVARD APARTMENTS, BUILDING 501, ASSOCIATION, INC.	
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Principal Place of Business SANDALFOOT BLVD. CONDO 501 9949 SANDALFOOT BLVD. BOCA RATON, FL US	Mailing Address PHOENIX MANAGEMENT SERVICES 4780 N. STATE RD. 7, STE E250 LAUDERDALE LAKES, FL 33319 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 4800 N State Rd 7
Suite, Apt. #, etc.	Suite, Apt. #, etc. F-105
City & State	City & State Lauderdale Lakes FL
Zip	Country 33319 USA



03132007 Chg-NP CR2E037 (12/06)

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 Phoenix Management Services Street Address (P.O. Box Number is Not Acceptable) 4800 N. State Rd 7 Suite 105 City Lauderdale Lakes FL Zip Code 33319	

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 *Kerry M. Agent for Association* DATE 3/9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	VD Divitto, Pasquale 9949 Sandalfoot Blvd #523 Boca Raton FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARLINI, MATASHA 10745 EMBER ST BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Garlini, Natasha 21722 Fall River Drive Boca Raton FL 33428 <input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mesquita Mario 21722 Fall River Drive Boca Raton FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHLOMO PERETZ, MISHEL 9949 SANDALFOOT BLVD, # 532 BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peretz, Shlomo Mishel 9949 Sandalfoot Blvd #533 Boca Raton FL 33428 <input checked="" 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
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 exemptions contained in Chapter 119, 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 *Alex Joswick Pres* DATE 4/11/07 DAYTIME PHONE # 561 482 8730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR