

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741982 (3)
1. Corporation Name
ISLE OF SANDALFOOT CONDOMINIUM, INC. 2



Principal Place of Business
**9273 SW 8TH ST
BOCA RATON FL 33428**

Mailing Address
**9273 SW 8TH ST
BOCA RATON FL 33428**

3. Date Incorporated or Qualified **03/13/1978** 3a. Date of Last Report **03/29/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1977322		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**BECKER, POLIAKOFF & STREITELD, P.A.
6520 NORTH ANDREWS AVENUE
FT. LAUDERDALE FL 33311**

81 Name **Margaret LaSalle**
82 Street Address (P.O. Box Number is Not Acceptable) **9273 S. W. 8th St. #304**
83
84 City **Boca Raton** FL 85 Zip Code **33428**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Margaret LaSalle DATE 4-2-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LASALLE, MARGARET	1.2 NAME	Charles Kirkiles
STREET ADDRESS	9273 SW 8TH ST	1.3 STREET ADDRESS	9273 S. W. 8th St. #105
CITY-ST-ZIP	BOCA RATON, FL 00000	1.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONAUGHTON, JEAN	2.2 NAME	Charles Lowe
STREET ADDRESS	9273 S W 8TH ST	2.3 STREET ADDRESS	9273 S. W. 8th St. #421
CITY-ST-ZIP	BOCA RATON, FL 00000	2.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	BM <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDO, ALFRED	3.2 NAME	
STREET ADDRESS	9273 SW 8TH ST. #207	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDO, AL	4.2 NAME	
STREET ADDRESS	9273 S W 8TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, DAVID	5.2 NAME	
STREET ADDRESS	55 SKYMARK DR #606	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE ON	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret LaSalle DATE 4-2-96 DAYTIME PHONE # 407-482-0147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)