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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/13/1978	
4. FEI Number 59-1977322	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

ROBINSON, MICKEY
92273 S.W. 8TH ST.
#217
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	ROBINSON, MICKEY
STREET ADDRESS	9273 S.W. 8TH ST., #217
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	STEIN, DAVID
STREET ADDRESS	9273 S.W. 8TH ST., #404
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CHARLES LOWE
STREET ADDRESS	9273 SW 8TH ST. #421
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KIRKILES, CHARLES
STREET ADDRESS	9273 S.W. 8TH ST., #105
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	LOMBARDO, AL
STREET ADDRESS	9273 S.W. 8TH ST., #207
CITY-ST-ZIP	WILLOWDALE ON
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	CALDEN, EUGENE
STREET ADDRESS	9273 S.W. 8TH ST., #211
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Pfeufer
2.3 STREET ADDRESS	9273 S. W. 8th St. #123
2.4 CITY-ST-ZIP	Boca Raton, FL 33428
3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bruce Fritzshall
3.3 STREET ADDRESS	9273 S. W. 8th St. #101
3.4 CITY-ST-ZIP	Boca Raton, FL 33428
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Amy Von Duerring
4.3 STREET ADDRESS	9273 S. W. 8th St. #317
4.4 CITY-ST-ZIP	Boca Raton, FL 33428
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: _____ *Mickey Robinson* **2/19/98**

CR2E037 (1097)