

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90116 030 ****61.25

0051516

DOCUMENT # 741982

1. Entity Name

ISLE OF SANDALFOOT CONDOMINIUM, INC. 2

Principal Place of Business

Mailing Address

9273 SW 8TH ST
 BOCA RATON FL 33428

9273 SW 8TH ST
 BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

7932 Wiles Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs, Florida

4. FEI Number

59-1977322

Applied For

Not Applicable

Zip

Country

Zip

Country

33067

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, MICHEY
9273 SW 8TH ST
#202
BOCA RATON FL 33428

Name

Kaye & Roger PA

Street Address (P.O. Box Number is Not Acceptable)

6362 NW 6 Ave

City

Fort Lauderdale

FL

Zip Code

33309

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.

SIGNATURE

Roger Kaye President

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KASS, OSCAR	
STREET ADDRESS	9273 S.W. 8TH ST., #217	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KASS, OSCAR	
STREET ADDRESS	9273 S.W. 8TH ST., #118	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARBER, JACOB	
STREET ADDRESS	9273 SW 8 ST #319	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STAGLIANO, LARRY	
STREET ADDRESS	9273 SW 8 ST #407	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LOMBARDO, AL	
STREET ADDRESS	9273 SW 8 ST #207	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DT	<input type="checkbox"/> Delete
NAME	STEIN, DAVID	
STREET ADDRESS	9273 SW ST #404	
CITY-ST-ZIP	BOCA RATON FL 33428	

TITLE	Director-2nd VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Mickey	
STREET ADDRESS	9273 SW 8 St #202	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	Dir-Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LaSalle, Margaret	
STREET ADDRESS	9273 SW 8 St #304	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

Date

Daytime Phone #

CR2E037 (10/00)