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*NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 750618 (1)

1. Corporation Name

ISLE OF SANDALFOOT CONDOMINIUM INC. 6

Principal Place of Business

9370 SOUTHWEST 8TH STREET
BOCA RATON FL 33428

Mailing Address

9370 SOUTHWEST 8TH STREET
BOCA RATON FL 33428



3. Date Incorporated or Qualified
01/15/1980

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANDAZZO, JAMES
9370 S. W. 8TH ST.
SUITE 123
BOCA RATON FL 33428

81 Name

Leo Miserendino

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

9370 S. W. 8th St. #102

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

Leo Miserendino

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

3/25/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P

NAME RANDAZZO, JAMES
STREET ADDRESS 9370 S. W. 8TH ST., #123
CITY-ST-ZIP BOCA RATON FL

TITLE VD

NAME MASSEY, VIRGINIA
STREET ADDRESS 9370 SW 8TH ST 3417
CITY-ST-ZIP BOCA RATON, FL 00000

TITLE D

NAME LISABETH, VICTOR
STREET ADDRESS 9370 SW 8TH ST #107
CITY-ST-ZIP BOCA RATON, FL 00000

TITLE TD

NAME KANTOR, CONNIE
STREET ADDRESS 9370 SW 8 ST
CITY-ST-ZIP BOCA RATON, FL 00000

TITLE SD

NAME ARONSON, NATALIE
STREET ADDRESS 9370 SW 8 ST
CITY-ST-ZIP BOCA RATON, FL 00000

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

P

Leo Miserendino
9370 S. W. 8th St. #102
Boca Raton, FL 33428

V

Joseph Miller
9370 S. W. 8th St. #206
Boca Raton, FL 33428

S/D

Virginia Massey
9370 S. W. 8th St. #417
Boca Raton, FL 33428

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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:

Leo Miserendino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

Date

407-487-2682

Daytime Phone #

CR2E037 (12/95)