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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Motham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750618** (1)

1. Corporation Name

ISLE OF SANDALFOOT CONDOMINIUM INC. 6

Principal Place of Business

Mailing Address

9370 SOUTHWEST 8TH STREET
BOCA RATON FL 33428

9370 SOUTHWEST 8TH STREET
BOCA RATON FL 33428



3. Date Incorporated or Qualified

01/15/1980

4. FEI Number

59-2074079

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VICTOR LISABETH
9370 S.W. 8TH ST., #107
SUITE 102
BOCA RATON FL 33428

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VICTOR LISABETH
STREET ADDRESS 9370 S.W. 8TH ST., #107
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE V
1.2 NAME Lois DiSanto
1.3 STREET ADDRESS 9370 S. W. 8th St. #108
1.4 CITY-ST-ZIP Boca Raton, FL 33428

TITLE V
NAME MILLER, JOSEPH
STREET ADDRESS 9370 SW 8TH ST #208
CITY-ST-ZIP BOCA RATON FL 33428

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD
NAME NATALIE ARONSON
STREET ADDRESS 9370 S.W. 8TH ST., #101
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME LOIS DISANTO
STREET ADDRESS 9370 S.W. 8TH ST., #108
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE
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:

Victor Lisabeth

2-2-98

954-344-5353

CR2E037 (10/97)