2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 750618 Mar 12, 2001 8:00 am Secretary of State 1. Entity Name Isle of Sandalfoot Condominium Inc. 6 03-12-2001 90384 017 ****61.25 Principal Place of Business Mailing Address c/o Benchmark Property Management 7932 Wiles Road A0031035 Coral Springs, FL 3. Mailing Address 33067 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 59-2074079 Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - . . - 6.. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent Name Kave & Roger, PA Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6 Way City Zip Code Ft <u>Lauderdale</u> 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. 2/9/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW:** 9. Election Campaign Financing Make Check Payable to-\$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition Delete TITLE Dir-VP Director Pres NAME Delvalle, Felicia 9370 SW 8 St #4 Far**dey**, 1444 SW Robert STREET ADDRESS STREET ADDRESS #412 25 Way CITY-ST-ZIP CITY-ST-ZIP Boca Paton, FL Boca Raton. FL TITLE Addition ☐ Delete TITLE Change Director-VP NAME NAME Eber, Ann STREET ADDRESS STREET ADDRESS 9370 SW 8 St #217 CITY-ST-ZIP---CITY-ST-ZIP Boca Raton, FI TITLE ☐ Delete Change Addition Director-Sec NAME NAME Giurato, Marilyn 9370 SW 8 St STREET ADDRESS STREET ADDRESS #214 CITY-ST-ZIP CITY-ST-ZIP Boca Raton, <u> 33428</u> TITLE ☐ Delete ☐ Change TITLE Director-5 NAME NAME DiSanto, Lois STREET ADDRESS STREET ADDRESS SW CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition Director-Treas NAME Shapiro, HOward STREET ADDRESS STREET ADDRESS 9370 SW8 St #419 CITY-ST-ZIP CITY-ST-ZIP FT. 33428 Boca Raton. ☐ Change TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 be 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 a first proposed. SHAPIRO HOWARD

2/9/01

Daytime Phone &

Date

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR