

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90116 029 *****61.25

DOCUMENT # 750618

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

7932 Wiles Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Coral Springs FL

4. FEI Number **59-2074079**

Applied For

Not Applicable

Zip

Country

Zip

Country

33067 m

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

KAYE & ROGER, PA

6261 NW 6 WAY

FORT LAUDERDALE FL 33309

Name

Robert Kaye & Associates, Inc.

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

6261 NW 6 Way

Fort Lauderdale FL 33309

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **DEL VALLE, FELICIA**
STREET ADDRESS **9370 SW 8ST #412**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **Director-Pres** ☐ Change ☒ Addition
NAME **Holden, Michael**
STREET ADDRESS **9370 SW 8 St #302**
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE **DVP** ☐ Delete
NAME **EBER, ANN**
STREET ADDRESS **9370 SW 8 ST #217**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **Director-Sec** ☐ Change ☒ Addition
NAME **Jones, Kimberly**
STREET ADDRESS **9370 SW 8 Street #410**
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE **DS** ☒ Delete
NAME **GIURATO, MARILYN**
STREET ADDRESS **9370 SW 8 STREET #214**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **Director** ☐ Change ☒ Addition
NAME **Burns, Bill**
STREET ADDRESS **9370 SW 8 Street #416**
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE **DT** ☒ Delete
NAME **SHAPIRO, HOWARD**
STREET ADDRESS **9370 SW 8 STREET #419**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **Director-** ☐ Change ☒ Addition
NAME **Leonas, Al**
STREET ADDRESS **9370 SW 8 St #116**
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE **D** ☒ Delete
NAME **DISANTO, LOIS**
STREET ADDRESS **9370 SW 8 STREET #108**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MASSEY, VIRGINIA**
STREET ADDRESS **9370 SW 8 STREET, #417**
CITY-ST-ZIP **BOCA RATON FL 33447**

TITLE ☐ Change ☐ 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: **Michael Holden**

3/11/03

561-481-0137

CR2E037 (10/02)