

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 AM 7:14

DOCUMENT # **752025** (7)
1. Corporation Name
ISLE OF SANDALFOOT CONDOMINIUM, INC. 4

Principal Place of Business Mailing Address
9235 SW 8 STREET BOCA RATON FL 33428 **9235 SW 8 STREET BOCA RATON FL 33428**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/15/1980** 3a. Date of Last Report **03/15/1994**
4. FEI Number **59-2266136** 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 24 Country 25 28 Zip 29 Country 30

5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$60.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WOLFF, JOSEPH
9235 SW 8TH ST
#511
BOCA RATON FL 33428

10. Name and Address of New Registered Agent
81 Name **John Davis**
82 Street Address (P.O. Box Number is Not Acceptable) **9235 S. W. 8th St. #115**
83
84 City **Boca Raton** 85 Zip Code **FL 33428**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *J. Davis* DATE: **3/22/95**
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOLFF, JOSEPH
STREET ADDRESS	9235 SW 8TH ST #511
CITY - ST - ZIP	BOCA RATON FL DELETE
TITLE	V
NAME	RIDGE, TOM
STREET ADDRESS	9235 SE 8TH ST #209
CITY - ST - ZIP	BOCA RATON FL
TITLE	T
NAME	CAPECE, DONALD
STREET ADDRESS	9235 SW 8TH ST #404
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	GIARRATONO, G ALBERT
STREET ADDRESS	9235 SW 8TH ST #109
CITY - ST - ZIP	BOCA RATON FL DELETE
TITLE	S
NAME	SCHENBERG, MARIE A.
STREET ADDRESS	9235 SW. 8TH ST. #112
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Davis
1.3 STREET ADDRESS	9235 S. W. 8th St. #115
1.4 CITY - ST - ZIP	Boca Raton, FL 33428
2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Melvin H. Jacobs
2.3 STREET ADDRESS	9235 S. W. 8th St. #203
2.4 CITY - ST - ZIP	Boca Raton, FL 33438
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tom Ridge
3.3 STREET ADDRESS	9235 S. W. 8th St. #209
3.4 CITY - ST - ZIP	Boca Raton, FL 33428
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *J. Davis* DATE: **3/22/95** **407-482-2382**
(PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)