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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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 33428-6891

3. Date Incorporated or Qualified
04/15/1980

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2266136

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

City & State

City & State

23

28

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBS, MELVIN H
9235 S.W. 8TH ST #203
BOCA RATON FL 33428

81 Name
Joseph Wolff
82 Street Address (P.O. Box Number is Not Acceptable)
9235 S. W. 8th St. #511
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 for 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	P	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, MELVIN H	
STREET ADDRESS	9235 S.W. 8TH ST #203	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CATALFO, VINCENT	
STREET ADDRESS	9235 S.W. 8TH ST. #502	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LUNBERG, MARY JANE	LUNBERG
STREET ADDRESS	9235 S.W. 8TH ST #214	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, JOHN	
STREET ADDRESS	9235 S.W. 8TH ST. #115	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIDGE, TOM	
STREET ADDRESS	9235 SW 8TH ST., #209	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph Wolff	
1.3 STREET ADDRESS	9235 S. W. 8th St. #511	
1.4 CITY-ST-ZIP	Boca Raton, FL 33428	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Don Capece	
3.3 STREET ADDRESS	9235 S. W. 8th St. #404	
3.4 CITY-ST-ZIP	Boca Raton, FL 33428	
4.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Theresa D'Aria	
4.3 STREET ADDRESS	9235 S. W. 8th St. #304	
4.4 CITY-ST-ZIP	Boca Raton, FL 33428	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Wolff Pres.

Phone # 0041835

CR2E037 (9/96)