

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90072 039 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 752025**

1. Corporation Name  
**ISLE OF SANDALFOOT CONDOMINIUM, INC. 4**

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

Mailing Address  
 9235 SW 8 STREET  
 BOCA RATON FL 33428



|                                |         |                     |         |   |  |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 3. Date Incorporated or Qualified                         |  |
| 21                             |         | 26                  |         | 04/15/1980  |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 4. FEI Number   |  |
| 22                             |         | 27                  |         | 59-2266136  |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  |
| 23                             |         | 28                  |         | \$8.75 Additional Fee Required                            |  |
| Zip                            | Country | Zip                 | Country | 6. Election Campaign Financing <input type="checkbox"/>   |  |
| 24                             |         | 29                  |         | Trust Fund Contribution                                   |  |
| 25                             |         | 30                  |         | \$5.00 May Be Added to Fees                               |  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent                   |  |  |  | 10. Name and Address of New Registered Agent |  |  |  |
| CAPECE, DON<br>9235 SW 8TH ST<br>SUITE 404<br>BOCA RATON FL 33428 |  |  |  | 81   | Name   |  |  |
|   |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |  |  |
|   |  |  |  | 83   | City   |  |  |
|   |  |  |  | 84   | Zip Code   |  |  |
|   |  |  |  | 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, 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 Ralph Taddeo **Ralph Taddeo, President** DATE 2/15/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE            | 1.1 TITLE   | P/D Ralph Taddeo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TADDEO, RALPH                                | 1.2 NAME  | 9235 S.W. 8 St #407   |
| STREET ADDRESS             | 9235 SW 8TH ST. #407                         | 1.3 STREET ADDRESS                                    | Boca Raton, FL 33428  |
| CITY-ST-ZIP                | BOCA RATON FL 33428                          | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V <input type="checkbox"/> DELETE            | 2.1 TITLE   | VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| NAME                       | CATALFO, VINCENT                             | 2.2 NAME  | Vincent Catalfo   |
| STREET ADDRESS             | 9235 S.W. 8TH ST. #502                       | 2.3 STREET ADDRESS                                    | 9236 SW 8 Street #502   |
| CITY-ST-ZIP                | BOCA RATON FL                                | 2.4 CITY-ST-ZIP                                       | Boca Raton, FL 33428  |
| TITLE                      | P <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| NAME                       | DON CALPECE                                  | 3.2 NAME  | Anna Marie Schenberg  |
| STREET ADDRESS             | 9235 SW 8TH ST 404                           | 3.3 STREET ADDRESS                                    | 9235 S.W. 8 St #112   |
| CITY-ST-ZIP                | BOCA RATON FL                                | 3.4 CITY-ST-ZIP                                       | Boca Raton, FL 33428  |
| TITLE                      | STD <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       | THERESA D'ARIA                               | 4.2 NAME  |   |
| STREET ADDRESS             | 9235 SW 8TH ST 304                           | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BOCA RATON FL                                | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       | PELILLO, VICTOR                              | 5.2 NAME  |   |
| STREET ADDRESS             | 9235 SW 8TH ST. #514                         | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BOCA RATON FL 33428                          | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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, with all other like empowered.

(SIGNATURE) Ralph Taddeo **REQUIRED** Date 2-25-99 Daytime Phone # 954-344-5353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)