

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90072 047 \*\*\*\*61.25

**DOCUMENT # 752025**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**TADDEO, RALPH**  
**9235 SW 8TH ST**  
**STE 407**  
**BOCA RATON FL 33428**

4. FEI Number

**59-2266136**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

DO NOT WRITE IN THIS SPACE



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.

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 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	TADDEO, RALPH	
STREET ADDRESS	9235 SW 8TH ST, #407	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VP/D	<input checked="" type="checkbox"/> Delete
NAME	CATALFO, VINCENT	
STREET ADDRESS	9235 S.W. 8TH ST. #502	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHENBERG, ANNA M	
STREET ADDRESS	9235 SW 8TH ST #112	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	STD	<input type="checkbox"/> Delete
NAME	THERESA D'ARIA	
STREET ADDRESS	9235 SW 8TH ST 304	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELILLO, VICTOR	
STREET ADDRESS	9235 SW 8TH ST, #514	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres-Dir	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Taddeo, Ralph		
STREET ADDRESS	9235 SW 8 St #407		
CITY-ST-ZIP	Boca Raton, FL 33428		
TITLE	Dir-VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Lawrie, David		
STREET ADDRESS	9235 SW 8 St #105		
CITY-ST-ZIP	Boca Raton, FL 33428		
TITLE	Dir	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Duchene, Howard		
STREET ADDRESS	9235 SW 8 St #412		
CITY-ST-ZIP	Boca Raton, FL 33428		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

*Ralph Taddeo Pres*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-344-5353

Date

1/10/00

Daytime Phone #

CFR2E037 (9/99)