
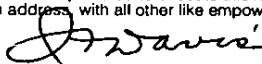


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90019 041 \*\*\*\*61.25

<b>DOCUMENT # 752025</b>					
1. Entity Name ISLE OF SANDALFOOT CONDOMINIUM, INC. 4					
Principal Place of Business 9235 SW 8 STREET BOCA RATON, FL 33428			Mailing Address 7932 WILES RD CORAL SPRINGS, FL 33067		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2266136	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERT KAYE AND ASSOCIATES INC 6261 NW 6 MAY STE 103 FORT LAUDERDALE, FL 33309			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D	<input checked="" type="checkbox"/> Delete	TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TADDEO, RALPH		NAME	DAVIS, John F.	
STREET ADDRESS	9235 SW 8 ST		STREET ADDRESS	9235 SW 8 street # 115	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNEISS, SANDY		NAME	St. Germaine, Jean P # 112	
STREET ADDRESS	9235 SW 8 ST		STREET ADDRESS	9235 SW 8 street	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	P	<input type="checkbox"/> Delete	TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JOHN F		NAME	Taddeo, Ralph	
STREET ADDRESS	9235 SW 8 ST		STREET ADDRESS	9235 SW 8 street # 407	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	Boca Raton FL 33487	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. GERMAINE, JEAN P		NAME		
STREET ADDRESS	9235 SW 8 STREET		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTORE, LUIGI		NAME		
STREET ADDRESS	5 WHITNEY STREET		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLANES, NY 10606		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 2/24/07 Daytime Phone #: 561 482 2382		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		