2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752025

FILED Feb 10, 2009 Secretary of State

Entity Name: ISLE OF SANDALFOOT CONDOMINIUM, INC. 4

Current Principal Place of Business: New Principal Place of Business: 9235 SW 8 STREET BOCA RATON, FL 33428 **Current Mailing Address: New Mailing Address:** 7932 WILES RD CORAL SPRINGS, FL 33067 FEI Number: 59-2266136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERT KAYE AND ASSOCIATES INC STRALEY & OTTO, P.A. 6261 NW 6 MAY STE 103 2699 STIRLING ROAD FORT LAUDERDALE, FL 33309 C-207 US FORT LAUDERDALE, FL 33312 US 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: CHARLES F. OTTO, ESQ. 02/10/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete OCHRYMOWICZ, KOZ Name: Name: 9235 SW 8TH ST. 306 Address: Address: BOCA RATON, FL 33428 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition Name: GIGILLO, SUSAN Name: Address: 9235 SW 8TH ST. 402 Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: Title: AVP () Delete Title: () Change () Addition BALL, DAVID Name: Name: 9235 SW 8TH ST 204 Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: () Delete Title: Title: () Change () Addition Name: ST. GERMAINE, JEAN PAUL Name: Address: 9235 SW 8TH ST. 112 Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KOZ OCHRYMOWICZ PT 02/10/2009