


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91108 044 ****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** **7932 WILES RD
CORAL SPRINGS FL 33067**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2266136** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAYE & ROGER P.A.
6261 NW 6TH WAY
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **Robert Kaye & Associates, Inc.**

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

6261 NW 6 Way Suite 103

City **Fort Lauderdale** FL Zip Code **33309**

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 *Robert Kaye President*

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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	Director-Pres <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPECE, DONALD	NAME	Glasnapp, Gretchen
STREET ADDRESS	9235 SW 8 ST	STREET ADDRESS	9235 SW 8 St
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	Director-VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATALFO, VINCENT	NAME	Pastore, Juici
STREET ADDRESS	9235 SW 8 ST	STREET ADDRESS	5 Whitney St
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	White Plains, NY 10606
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director-Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JACK	NAME	Herzner, Julia
STREET ADDRESS	9235 SW 8 ST	STREET ADDRESS	9235 SW 8 St
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director-Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIARRATANO, PHIL	NAME	Collesano, Robert
STREET ADDRESS	9235 SW 8 ST	STREET ADDRESS	9235 SW 8 St
CITY-ST-ZIP	BOCA RATON FL 33428	CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENRESSEL, MARVIN	NAME	
STREET ADDRESS	9235 SW 8 TH ST #504	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	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 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: *Gretchen Glasnapp* **REQUIRED** **3.7.03**

CR2E037 (10/02)