

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # 758483

1. Entity Name
VILLAS OF SANDALFOOT HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
C/O AMERICAN REGENCY PROPERTY MGMT
ATTN: V. DIAZ - 100 NW 82ND AVE #306
PLANTATION, FL 33324

Mailing Address
P.O. BOX 15234
PLANTATION, FL 33318



01242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2205125

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RANDALL K. ROGER & ASSOCIATES, P.A.
621 NW 53RD STREET
SUITE 300
BOCA RATON, FL 33487

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOUREDA, MARIA Y
STREET ADDRESS 22388 PALOMITA DRIVE
CITY - ST - ZIP BOCA RATON, FL 33428

TITLE VD
NAME ROSARIO, ERNESTO
STREET ADDRESS 22416 CERVANTES LANE
CITY - ST - ZIP BOCA RATON, FL 33428

TITLE STD
NAME LECOMPTE, HELENA J
STREET ADDRESS 22399 CERVANTES LANE
CITY - ST - ZIP BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #