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NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06590 (6)

1. Corporation Name

SANDALFOOT BOULEVARD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10581-228 LANE SOUTH BOCA RATON FL 33428-5758	10581-228 LANE SOUTH BOCA RATON FL 33428-5758

3. Date Incorporated or Qualified: 12/12/1984
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business	2a. Mailing Address
21	26 500 NE Spanish River Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #18
City & State 23	City & State 28 Boca Raton, FL.
Zip 24 / Country 25	Zip 29 33431 / Country 30

4. FEI Number: 59-2551580 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRAICA, PATRICIA FARBE
10581 228 LANE SOUTH
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name: Ernest W. Willis
82 Street Address (P.O. Box Number is Not Acceptable): Beacon Property Mgmt.
83: 500 NE Spanish River Blvd. #18
84 City: Boca Raton FL 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Ernest Willis — ERNEST W. WILLIS — 4-10-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRINKMAN, ROBIN 10498 228 LANE SOUTH BOCA RATON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Resigned	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDING, MARK 10410-228TH LANE SOUTH BOCA RATON FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOGEL, GWEN 10385-228 LANE SOUTH BOCA RATON FL 33428-5758	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S.D.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRAICA, PATRICIA FARBE 10581 228 LANE SOUTH BOCA RATON FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P.D.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRANK, KOURIL TUCKER 10446 228 LANE SOUTH BOCA RATON FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRADFORD, MARY ANN 10587 228TH LANE SOUTH BOCA RATON FL 33428	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Deceased	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Farbe Braica
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #