

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N06590 (6)**  
1. Corporation Name  
**SANDALFOOT BOULEVARD ESTATES HOMEOWNERS ASSOCIATION, INC.**

|                                                                                         |                                                                                            |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>10581-228 LANE SOUTH<br/>BOCA RATON FL 33428-5758</b> | Mailing Address<br><b>500 NE SPANISH RIVER BLVD<br/>#18<br/>BOCA RATON FL 33431<br/>US</b> |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

3. Date Incorporated or Qualified

**12/12/1984**

4. FEI Number

**59-2551580**

Applied For

Not Applicable

|                                                                                                                                 |                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ERNEST W. WILLIS  
BEACON PROPERTY MGMT.  
500 NE SPANISH RIVER BLVD #18  
BOCA RATON FL 33431**

**81** Name

**82** Street Address (P.O. Box Number Is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

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          | <b>D</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>HARDING, MARK</b>          |                                 |
| STREET ADDRESS | <b>10410-228TH LANE SOUTH</b> |                                 |
| CITY-ST-ZIP    | <b>BOCA RATON FL</b>          |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>SD</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>VOGEL, GWEN</b>          |                                 |
| STREET ADDRESS | <b>10385-228 LANE SOUTH</b> |                                 |
| CITY-ST-ZIP    | <b>BOCA RATON FL</b>        |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>BRAICA, PATRICIA FARBE</b> |                                 |
| STREET ADDRESS | <b>10581 228 LANE SOUTH</b>   |                                 |
| CITY-ST-ZIP    | <b>BOCA RATON FL</b>          |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>T</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>FRANK, KOURIL TUCKER</b> |                                 |
| STREET ADDRESS | <b>10448 228 LANE SOUTH</b> |                                 |
| CITY-ST-ZIP    | <b>BOCA RATON FL</b>        |                                 |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 4.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    |                                                                   |

14. 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 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 Braica* REQUIRED

4/20/98 561-250-0040

CR2E037 (10/97)