FILE NOW: FILING FEE IS $61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90009 034 ****61.25

0043395

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06590

1. Corporation Name

SANDALFOOT BOULEVARD ESTATES HOMEOWNERS ASSOCIAT ION, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/12/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2551580 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Electic n Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	VID	☐ Change ☒ Addition
NAME	HARDING, MARK		1.2 NAME	Bill Pope	
STREET ADDRESS	10410-228TH LANE SOUTH		1.3 STREET ADDRESS	10671 228th Ln. S.	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	SD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	VOGEL, GWEN		2.2 NAME	Toni Verheyen	
STREET ADDRESS	10385-228 LANE SOUTH		2.3 STREET ADDRESS	10428 228th Ln S.	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRAICA, PATRICIA FARBE		3.2 NAME		
STREET ADDRESS	10581 228 LANE SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRANK, KOURIL TUCKER		4.2 NAME		
STREET ADDRESS	10446 228 LANE SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: 4/27/99 REQUIRED Patricia Braica 1-561-750-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)