

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90011 046 ****61.25

DOCUMENT # N06590

1. Entity Name

SANDALFOOT BOULEVARD ESTATES HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

SWIFT MANAGEMENT & SOLUTIONS
1750 UNIVERSITY DR. #205
CORAL SPRINGS, FL 33071

Mailing Address

SWIFT MANAGEMENT & SOLUTIONS
1750 UNIVERSITY DR. #205
CORAL SPRINGS, FL 33071 US



01072004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2551580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR. #205
POMPANO BEACH, FL 33071

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCALICE, NICHOLAS
STREET ADDRESS	10391 228TH LANE S.
CITY - ST - ZIP	BOCA RATON, FL 33428
TITLE	STD
NAME	RADOCCHIO, RONALD
STREET ADDRESS	10416 228 LANE S.
CITY - ST - ZIP	BOCA RATON, FL 33428
TITLE	VPD
NAME	RENAUD, RICHARD
STREET ADDRESS	10469 228TH LANE SOUTH
CITY - ST - ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/04

954-341-6340