

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90279 018 ****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**

50023080



01302005 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, 2005**

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

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 #

11/31/05 9543416340