
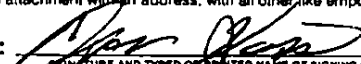


FILED
May 24, 2007 8:00 am
Secretary of State

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

5/1

05-01-2007 90009 032 ****61.25



DOCUMENT # N98000000391 1. Entity Name SANDALFOOT CENTRAL ASSOCIATION, INC.			
Principal Place of Business 7932 WILES ROAD CORAL SPRINGS, FL 33067		Mailing Address 7932 WILES ROAD CORAL SPRINGS, FL 33067	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY SUITE 103 LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
4. FEI Number 65-0901042		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME KRONER, JAMES J	TITLE D	NAME Lasalle, Jay
STREET ADDRESS 9355 SW 8 STREET #119	CITY-ST-ZIP BOCA RATON, FL 33428	STREET ADDRESS 9273 SW 8 STREET # 304	CITY-ST-ZIP Boca Raton FL 33428
TITLE SD	NAME ELLIS, VIRGINIA	TITLE P	NAME KASS, OSCAR
STREET ADDRESS 9233 SW 8 STREET #107	CITY-ST-ZIP BOCA RATON, FL 33428	STREET ADDRESS 9273 SW 8 STREET # 410	CITY-ST-ZIP Boca Raton FL 33428
TITLE BT	NAME SCHULER, LORRAINE	TITLE D	NAME Regal, Jim
STREET ADDRESS 9300 SW 8 STREET	CITY-ST-ZIP BOCA RATON, FL 33428	STREET ADDRESS 9233 SW 8 STREET # 410	CITY-ST-ZIP Boca Raton FL 33428
TITLE D	NAME DONS, JACK	TITLE D	NAME Fibig, Scott
STREET ADDRESS 9235 SW 8 STREET # 115	CITY-ST-ZIP Boca Raton FL 33428	STREET ADDRESS 9440 SW 8 STREET # 314	CITY-ST-ZIP Boca Raton FL 33428
TITLE D	NAME Yesenko, Joseph	TITLE D	NAME Yesenko, Joseph
STREET ADDRESS 9440 SW 8 STREET # 210	CITY-ST-ZIP Boca Raton FL 33428	STREET ADDRESS 9440 SW 8 STREET # 210	CITY-ST-ZIP Boca Raton FL 33428
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		7/24/07 561-4870039	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	

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04202007 Chg-NP CR2E037 (12/06)

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000391 <small>Entity Name</small> SANDALFOOT CENTRAL ASSOCIATION, INC.					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04202007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0901042	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY SUITE 103 LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City State: FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRONER, JAMES J 9355 SW 8 STREET #119 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Beckman, Robert 7 Lariat Circle Boca Raton FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLIS, VIRGINIA 9233 SW 8 STREET #107 BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD Jugenheimer, Philip 89-46 215 Place Queens Village, NY 11427	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHJLER, LORRAINE 9300 SW 8 STREET BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 4/24/07 561-487-2039		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		

ATTACHMENT

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