

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90103 003 ****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**

J0044438



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0901042**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAYE & ROGER, P.A.
C/O ROBERT L. KAYE
6261 NW 6TH WAY SUITE 103
LAUDERDALE FL 33309**

Name
Robert Kaye & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)
6261 NW 6 Way Suite 103

City
Fort Lauderdale FL Zip Code
33309

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 *Robert Kaye President* DATE **3-4-03**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 **PD** Delete
NAME **KRONER, JIM JAMES J.**
STREET ADDRESS **9355 SW 8 ST #119**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE *Pres* Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **ELLIS, VIRGINIA**
STREET ADDRESS **9233 SW 8 STREET #107**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE *Sec* Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **SCHULER, LORRAINE**
STREET ADDRESS **9300 SW 8 STREET**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE *Treas* Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jim Kroner*

2/17/03

CR2E037 (10/02)