


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **750329** (5)

1. Corporation Name

ISLE OF SANDALFOOT CONDOMINIUM, INC. 5

Principal Place of Business

Mailing Address

9440 S.W. 8TH STREET  
BOCA RATON FL 33428-6862

9440 S.W. 8TH STREET  
BOCA RATON FL 33428-6862



3. Date Incorporated or Qualified

12/20/1979

4. FEI Number

59-2003145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSEPH YESENKO

9440 SW 8TH ST

STE 210

BOCA RATON FL 33428

81 Name

Hattie Gold

82 Street Address (P.O. Box Number is Not Acceptable)

9440 S. W. 8th St. #104

83

84 City

Boca Raton

FL

85 Zip Code

33428

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

*Hattie Gold*

*Pres.*

*1/27/98*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                         |
|----------------------------|-------------------------|
| TITLE                      | P                       |
| NAME                       | JOSEPH YESENKO          |
| STREET ADDRESS             | 9440 SW 8TH 210         |
| CITY-ST-ZIP                | BOCA RATON, FL 00000    |
| TITLE                      | VD                      |
| NAME                       | DANIEL ALBANO           |
| STREET ADDRESS             | 9440 SW 8TH 112         |
| CITY-ST-ZIP                | BOCA RATON FL           |
| TITLE                      | SD                      |
| NAME                       | GOLD, HATTIE            |
| STREET ADDRESS             | 9440 SW 8TH STREET #104 |
| CITY-ST-ZIP                | BOCA RATON FL           |
| TITLE                      | TD                      |
| NAME                       | ONEK, PAUL              |
| STREET ADDRESS             | 9440 SW 8TH STREET #407 |
| CITY-ST-ZIP                | BOCA RATON, FL 00000    |
| TITLE                      | D                       |
| NAME                       | STANLEY SCHRAGER        |
| STREET ADDRESS             | 9440 SW 8TH ST 115      |
| CITY-ST-ZIP                | BOCA RATON FL           |
| TITLE                      |                         |
| NAME                       |                         |
| STREET ADDRESS             |                         |
| CITY-ST-ZIP                |                         |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
|---|-------------------------|
| 1.1 TITLE   | P                       |
| 1.2 NAME  | Hattie Gold             |
| 1.3 STREET ADDRESS                                    | 9440 S. W. 8th St. #104 |
| 1.4 CITY-ST-ZIP                                       | Boca Raton, FL 33428    |
| 2.1 TITLE   | V                       |
| 2.2 NAME  | Charles Henry           |
| 2.3 STREET ADDRESS                                    | 9440 S. W. 8th St. #310 |
| 2.4 CITY-ST-ZIP                                       | Boca Raton, FL 33428    |
| 3.1 TITLE   | S                       |
| 3.2 NAME  | Evelyn Marchese         |
| 3.3 STREET ADDRESS                                    | 9440 S. W. 8th St. #304 |
| 3.4 CITY-ST-ZIP                                       | Boca Raton, FL 33428    |
| 4.1 TITLE   | T/D                     |
| 4.2 NAME  | Paul Onek               |
| 4.3 STREET ADDRESS                                    | 9440 S. W. 8th St. #407 |
| 4.4 CITY-ST-ZIP                                       | Boca Raton, FL 33428    |
| 5.1 TITLE   | D                       |
| 5.2 NAME  | Otis Scott              |
| 5.3 STREET ADDRESS                                    | 9440 S. V. 8th St. #423 |
| 5.4 CITY-ST-ZIP                                       | Boca Raton, FL 33428    |
| 6.1 TITLE   |                         |
| 6.2 NAME  |                         |
| 6.3 STREET ADDRESS                                    |                         |
| 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.

SIGNATURE:

SIGNATURE REQUIRED

*Hattie Gold*

*1/27/98*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Block

CR2E037 (10/97)