


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90008 041 ****61.25

DOCUMENT # 750329 1. Entity Name ISLE OF SANDALFOOT CONDOMINIUM, INC. 5					
Principal Place of Business 9440 S.W. 8TH STREET BOCA RATON, FL 33428-6862			Mailing Address C/O BENCHMARK PROPERTY 7932 WILES ROAD CORAL SPRINGS, FL 33067 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2003145	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBER KAVE & ASSOCIATES, INC. 6261 NW 6 WAY SUITE 103 FORT LAUDERDALE, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	DP	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR - VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHUMANSKI, DALE		NAME	KURTEFF, MICHELE	
STREET ADDRESS	9440 SW 8ST., #203		STREET ADDRESS	9440 SW 8 ST	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRIED, EDITH		NAME	ONEK, PAUL	
STREET ADDRESS	9440 SW 8 ST #202		STREET ADDRESS	9440 SW 8 STREET	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DIRECTOR - PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AGOSTA, SARAH		NAME	SCHRAGER, STANLEY	
STREET ADDRESS	9440 SW 8ST #120		STREET ADDRESS	9440 SW 8 STREET	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAJORS, DALE		NAME	WEINBERG, JACK	
STREET ADDRESS	9440 SW 8 ST #318		STREET ADDRESS	9440 SW 8 STREET	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR - TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HENRY, CHARLES		NAME	YESSENKO, JOSEPH	
STREET ADDRESS	9440 SW 8 ST #320		STREET ADDRESS	9440 SW 8 STREET	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON FLORIDA 33428	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Stanley Schrage</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRES. 3/17/04 954 3445330 <small>Date Daytime Phone #</small>		

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