


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90038 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		
6. Name and Address of Current Registered Agent ROBER KAVE & ASSOCIATES, INC. 6261 NW 6 WAY SUITE 103 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent 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, 2005		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	DVP KURTEFF, MICHELE <input type="checkbox"/> Delete 9440 SW 8 ST. BOCA RATON, FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CUBILLA, CELESTINO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9440 SW 8 STREET #411 BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIED, EDITH <input type="checkbox"/> Delete 9440 SW 8 ST #202 BOCA RATON, FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR-SEC NORRIS, KERI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9440 SW 8 STREET #410 BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AGOSTA, SARAH <input checked="" type="checkbox"/> Delete 9440 SW 8ST #120 BOCA RATON, FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR-TREASURER YESENKO, JOSEPH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9440 SW 8 STREET # 210 BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONEK, PAUL <input checked="" type="checkbox"/> Delete 9440 SW 8 ST. BOCA RATON, FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WEINBERG, JACK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9440 SW 8 STREET #121 BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHRAGER, STANLEY <input type="checkbox"/> Delete 9440 SW 8 ST. BOCA RATON, FL 33428		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 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 Schrager</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1/5/05 Daytime Phone #: 954-344-5353		