

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90164 049 \*\*\*\*61.25

<b>DOCUMENT # 730039</b> 1. Entity Name <b>ISLE OF SANDALFOOT CONDOMINIUM, INC. 1.</b>					
Principal Place of Business <b>C/O BENCHMARK PROPERTY MGMT, INC          7932 WILES RD          CORAL SPRINGS, FL 33067</b>				Mailing Address <b>C/O BENCHMARK PROPERTY MGMT, INC          7932 WILES RD          CORAL SPRINGS, FL 33067 US</b>	
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 <b>59-1797307</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROBERT KAYE &amp; ASSOCIATES, INC          6261 NW 6 WAY          SUITE 103          FORT LAUDERDALE, FL 33309</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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)</small>					
<b>Filing Fee is \$61.25          Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be          Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MORALES, JIMMY		NAME	MARINO, FRANK	
STREET ADDRESS	9355 SW 8 STREET #104		STREET ADDRESS	9355 SW 8 ST #405	
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP	BOCA RATON FL 33428	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, RICHARD		NAME		
STREET ADDRESS	9355 SW 8TH ST		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRONER, JAMES		NAME		
STREET ADDRESS	9355 SW 8TH ST		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKINNEY, EDWARD		NAME		
STREET ADDRESS	9355 SW 8TH ST		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, SUSAN		NAME		
STREET ADDRESS	9355 SW 8TH ST		STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <i>James J. Kroner</i> <b>JAMES J. KRONER</b> 4/05 954 344-5353 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					