

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90181 041 ****61.25

DOCUMENT # 730039

1. Entity Name
ISLE OF SANDALFOOT CONDOMINIUM, INC. 1.



Principal Place of Business
C/O BENCHMARK PROPERTY MGMT, INC
7932 WILES RD
CORAL SPRINGS, FL 33067

Mailing Address
C/O BENCHMARK PROPERTY MGMT, INC
7932 WILES RD
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

02132006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1797307

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

ROBERT KAYE & 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MARINO, FRANK	
STREET ADDRESS	9355 SW 8 STREET, #405	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JONES, RICHARD	
STREET ADDRESS	9355 SW 8TH ST	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KRONER, JAMES	
STREET ADDRESS	9355 SW 8TH ST	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MCKINNEY, EDWARD	
STREET ADDRESS	9355 SW 8TH ST	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JONES, SUSAN	
STREET ADDRESS	9355 SW 8TH ST	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jugenheimer, Philip	
STREET ADDRESS	89-46 215 place	
CITY-ST-ZIP	Queens Village, NY 11427	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or Supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #