

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 732369 (4)

1. Corporation Name

SANDALFOOT COVE, SECTION #1, INC.



Principal Place of Business

Mailing Address

1480 S.W. 66TH AVENUE  
BOCA RATON FL 33428  
US

1480 S.W. 66TH AVENUE  
BOCA RATON FL 33428  
US

3. Date Incorporated or Qualified

04/07/1975

4. FEI Number

59-2348132

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KILGALLON, MARTIN  
1480 S.W. 65TH WAY  
BOCA RATON FL 33428

81 Name

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

83

84 City

FL

85

Zip Code

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

*Martin Kilgallon*

Martin Kilgallon, Pres.

2-18-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE PD ☐ DELETE

NAME KILGALLON, MARTIN  
STREET ADDRESS 1480 S.W. 65TH WAY  
CITY-ST-ZIP BOCA RATON FL 33428

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

13. TITLE VD ☒ DELETE

NAME HEIDT, NETTIE  
STREET ADDRESS 1580 S.W. 64TH WAY  
CITY-ST-ZIP BOCA RATON FL 33428

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

14. TITLE VD ☐ DELETE

NAME ENRIGHT, WAYNE  
STREET ADDRESS 1581 S.W. 65TH AVE.  
CITY-ST-ZIP BOCA RATON FL 33428

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

15. TITLE TD ☐ DELETE

NAME MOORE, OLLINE J  
STREET ADDRESS 1480 S.W. 66TH AVE.  
CITY-ST-ZIP BOCA RATON FL 33428

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

16. TITLE SD ☐ DELETE

NAME HEISS, PHYLLIS  
STREET ADDRESS 1511 S.W. 65TH TERRACE  
CITY-ST-ZIP BOCA RATON FL 33428

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

17. TITLE D ☒ DELETE

NAME MAIS, KATHERINE  
STREET ADDRESS 1520 S.W. 65TH TERRACE  
CITY-ST-ZIP BOCA RATON FL 33428

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, Florida Statutes, and 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 Olline J. Moore

2-18-98

FL 33428

CR2E037 (10/97)