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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 732369					
1. Corporation Name SANDALFOOT COVE, SECTION #1, INC.					
Principal Place of Business 1480 S.W. 66TH AVENUE BOCA RATON FL 33428 US			Mailing Address 1480 S.W. 66TH AVENUE BOCA RATON FL 33428 US		



2. Principal Place of Business 21 1530 S.W. 65TH TERRACE Suite, Apt. #, etc. 22 City & State 23 BOCA RATON FL Zip Country 24 33428 25 PALM BEACH		2a. Mailing Address 26 1530 S.W. 65TH TERRACE Suite, Apt. #, etc. 27 City & State 28 BOCA RATON FL Zip Country 29 33428 30 PALM BEACH		3. Date Incorporated or Qualified 04/07/1975 4. FEI Number 59-2348132 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KILGALLON, MARTIN 1480 S.W. 65TH WAY BOCA RATON FL 33428				10. Name and Address of New Registered Agent 81 Name SENZIK JANE 82 Street Address (P.O. Box Number is Not Acceptable) 1530 S.W. 65TH TERRACE 83 84 City BOCA RATON FL 85 Zip Code 33428	

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 <i>Jane Sendzik</i> 3/16/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILGALLON, MARTIN 1480 S.W. 65TH WAY BOCA RATON FL 33428 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD SENZIK, JANE 1530 S.W. 65TH TERRACE BOCA RATON FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SENZIK, JANE 1530 SW 65TH TERR BOCA RATON FL 33428 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD MITCHELL DONNA 1521 S.W. 65TH TERRACE BOCA RATON FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENRIGHT, WAYNE 1581 S.W. 65TH AVE. BOCA RATON FL 33428 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, OLLINE J 1480 S.W. 66TH AVE. BOCA RATON FL 33428 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD DUTILLY, KATHERINE 1571 S.W. 65TH AVE BOCA RATON FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEISS, PHYLLIS 1511 S.W. 65TH TERRACE BOCA RATON FL 33428 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, WILLIAM 1540 SW 65TH AVE BOCA RATON FL 33428 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jane F. Sendzik, Pres.* 3/16/99 561-482-8751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JANE F. SENZIK, Pres.

CR2E037 (1/98)