## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 743254** 

FILED Jul 08, 2008 Secretary of State

Entity Name: SANDALFOOT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

671 EAST GULF DR. SANIBEL ISLAND, FL 33957

**Current Mailing Address: New Mailing Address:** 

671 EAST GULF DR. SANIBEL ISLAND, FL 33957

FEI Number: 59-1498224 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMS, JOSEPH E ESQ. 14241 METROPOLIS AVE SUITE 100 FT MYERS, FL 339120000 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition BRUCE, CAROL BRUCE, CAROL Name: Name:

PO BOX 32982 Address: PO BOX 32982 Address: City-St-Zip: JUNEAU,, AK 99803 City-St-Zip: JUNEAU,, AK 99803

Title: TD Title: ( ) Delete () Change () Addition

VIGGIANO, LEONARD Name: Name: Address: 8 CHELSEA PLACE Address: City-St-Zip: DIX HILLS, NJ 11746 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

BARTOK, PETER Name: BARROWS, JULIE Name: 911 PARK AVENUE 16082 SHERIDAN AVENUE Address: Address: City-St-Zip: COLUMBIA, MO 65201 City-St-Zip: CLIVE, IA 50325

() Change () Addition VPD

Title: ( ) Delete Title: Name: WALKER, EDWARD Name: Address: 98 W. MAIN STREET Address: City-St-Zip: NORWALK, OH 44145 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

ARONS, BILL MARRINAN, ROBERT Name: Name: 603 N. YACHTSMAN 1558 OAK VIEW DRIVE Address: Address: City-St-Zip: SANIBEL, FL 33957 City-St-Zip: W. WORTHINGTON, OH 43235

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY BLACK **MNGR** 07/08/2008