

743254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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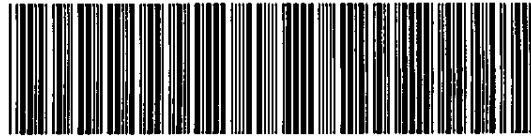
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Sandalfoot Condominium Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: 743254

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jane M. Michaud, CAM, Manager  
Name of Contact Person

Sandalfoot Condominium Association, Inc.  
Firm/Company

671 East Gulf Drive  
Address

Sanibel, FL 33957  
City/State and Zip Code

Manager@sandalfootcondo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane M. Michaud at ( 239 ) 472-2275  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida

1. The name of the corporation: Sandalford Condominium Association, Inc.

2. The principal office address: 671 East Gulf Drive, Sanibel, FL 33957

3. The mailing address (if different):

4. Date of incorporation/qualification: 6/14/78 Document number: 743254

**Karen A. Barker, CAM**

671 East Gulf Drive

Sanibel, FL 33957

**Jane M. Michaud, CAM**

671 East Gulf Drive

P.O. Box NOT acceptable

Sanibel, FL 33957

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

C. Franklin Lott, Jr.

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Signature of Registered Agent

8/18/11

Date \_\_\_\_\_

If signing on behalf of an entity:

Jane M. Michaud

Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314