


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90181 016 \*\*\*\*61.25

14004100



<b>DOCUMENT # 744012</b>					
1. Entity Name ISLE OF SANDALFOOT CONDOMINIUM, INC. 3					
Principal Place of Business 9233 S.W. 8TH STREET BOCA RATON, FL 33428		Mailing Address 9233 S.W. 8TH STREET BOCA RATON, FL 33428			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1980094	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERT KAYE & ASSOCIATES 6261 NW 6 WAY 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, SHIRLEY		NAME	Treasurer Shirley Horn	
STREET ADDRESS	9233 SW 8 ST		STREET ADDRESS	9233 SW 8 ST	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR-VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, DORIS		NAME	GROSS, DORIS	
STREET ADDRESS	9233 SW 18 ST		STREET ADDRESS	9233 SW 18 ST	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANTAZZO, ANN		NAME	JACOBSON, LOIS	
STREET ADDRESS	9233 SW 8TH ST 116		STREET ADDRESS	9233 SW 18 ST	
CITY-ST-ZIP	BOCA RATON, F		CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, IAN		NAME		
STREET ADDRESS	9233 SW 8 STREET #305		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DIRECTOR-SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, VIRGINIA		NAME	ELLIS, VIRGINIA	
STREET ADDRESS	9233 SW 8 ST 107		STREET ADDRESS	9233 SW 8 ST	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEGNAN, ARTHUR		NAME		
STREET ADDRESS	7658 SOLIMAR CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Virginia T. Ellis</u>			Date: <u>4/7/05</u> Daytime Phone #: <u>954 344-5353</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		