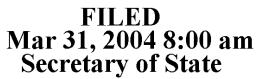
## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # 747353  1. Entity Name SANDALFOOT SQUIRE PHASE II ASSOCIATION, INC.				03-31-2004 9000	5 038 ****61.25	
9220 SW 3RD ST 79		lailing Address 1932 WILES ROAD CORAL SPRINGS, FL 3300	67		54024463	
2. Principal Place of Business 3. M		Mailing Address	<del></del>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03102004 Chg-NP CR20	E037 (10/03)	
City & State		City & State		4. FEI Number 59-2136375	Applied For Not Applicable	
Zip	Country	Zip 	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	stered Agent	Name	7. Name and Address of New Register	ed Agent	
ROBERT KAVE AND ASSOCIATES, PA 6261 NW 6 WAY, SUITE 103 FORT LAUDERDALE, FL 33309			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
			City	F	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						
Filing Fee is \$61.25  Due by May 1, 2004  9. Election Campaign Filing Fund Contribution					eck payable to partment of State	
10.	OFFICERS AND DIRECT	ORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADWAY, JOHN 57 WELLSLEY AVE. NORTH PROVIDENCE, RI 02911	□ Delete	NAME	DILECTOR - SECRETARY FERRERI, JEAN 9280 SW 3 SKREET BOCA RATON, FLORID	□ Change ■ Addition    ★ 610  ↑ 33428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOSTER, KIM 9200 SW 3 STREET, #107 BOCA RATON, FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUDEWICZ, STEPHEN 9220 SW 3 STREET BOCA RATON, FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAVLIK, JOHN 13 HIGHVIEW ROAD NEWTON, NJ 07860	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Change ☐ Addition	
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 cath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

KIM ELLEN FOSTER