

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90051 030 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                     |                                                                                                                                                                                                |                                                                                                          |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 747353</b><br>1. Entity Name<br><b>SANDALFOOT SQUIRE PHASE II ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                                     |                                                                                                                                                                                                |                         |                                                                              |
| Principal Place of Business<br><b>7932 WILES ROAD</b><br><b>CORAL SPRINGS, FL 33067 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |                                                                                     |                                                                                                                                                                                                | Mailing Address<br><b>7932 WILES ROAD</b><br><b>CORAL SPRINGS, FL 33067</b>                              |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            | 3. Mailing Address                                                                  |                                                                                                                                                                                                |                                                                                                          |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                                                |                                                                                                          |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            | City & State                                                                        |                                                                                                                                                                                                |                                                                                                          |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                    | Zip                                                                                 | Country                                                                                                                                                                                        | 4. FEI Number<br><b>59-2136375</b>                                                                       |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            |                                                                                     |                                                                                                                                                                                                | <b>\$8.75 Additional Fee Required</b>                                                                    |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                     | 7. Name and Address of New Registered Agent                                                                                                                                                    |                                                                                                          |                                                                              |
| <b>ROBERT KAVE AND ASSOCIATES, PA</b><br><b>6261 NW 6 WAY, SUITE 103</b><br><b>FORT LAUDERDALE, FL 33309</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            |                                                                                     | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                          |                                                                              |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                     |                                                                                                                                                                                                |                                                                                                          |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                | <b>\$5.00 May Be Added to Fees</b>                                                                       |                                                                              |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            |                                                                                     |                                                                                                                                                                                                |                                                                                                          |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                          |                                                                                                          |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P/NEUMAN</b><br><b>NEWMAN, LUKE</b><br><b>9210 S.W. 3RD STREET</b><br><b>BOCA RATON, FL 33428</b>       | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <b>VP</b><br><b>Graham, Charles</b><br><b>4200 SW 3rd Street # 117</b><br><b>Boca Raton FL 33428</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>BADWAY, JON</b><br><b>31 HOLBURN AVE</b><br><b>CRANTON, RI 02910</b>                        | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <b>Luke Neuman</b><br><b>9210 SW 3rd St # 209</b><br><b>Boca Raton, FL 33428</b><br><b>President</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br><b>LYNCH, ADAM</b><br><b>9210 SW 3RD STREET #206</b><br><b>BOCA RATON, FL 33428</b>            | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <b>President</b><br><b>Luke Neuman</b><br><b>9210 SW 3rd Street # 209</b><br><b>Boca Raton, FL 33428</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VPGRAHAM</b><br><b>GRAHAM, CHARLES</b><br><b>4200 SW 3RD STREET #117</b><br><b>BOCA RATON, FL 33428</b> | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 |                                                                                                          |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T</b><br><b>RASONA, KERRI</b><br><b>9220 SW 3RD STREET #915</b><br><b>BOCA RATON, FL 33428</b>          | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 |                                                                                                          |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                                                     |                                                                                                                                                                                                |                                                                                                          |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                                                     |                                                                                                                                                                                                |                                                                                                          |                                                                              |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |                                                                                                            |                                                                                     |                                                                                                                                                                                                |                                                                                                          |                                                                              |
| <b>SIGNATURE:</b> _____ <b>4/17/07</b> <b>561-442-0542</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                     |                                                                                                                                                                                                |                                                                                                          |                                                                              |