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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748319 (1)
1. Corporation Name
THE HAMMOCK OF SANDALFOOT OWNERS ASSOCIATION, INC.
C.



Principal Place of Business: ~~ALL FLORIDA MANAGEMENT~~
4301 OAK CIR., SUITE 18
BOCA RATON FL 33431

Mailing Address: ~~ALL FLORIDA MANAGEMENT~~
4301 OAK CIR., SUITE 18
BOCA RATON FL 33431-4258

3. Date Incorporated or Qualified: 08/01/1979
3a. Date of Last Report: 03/20/1996

4. FEI Number: 59-2424474
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 GLEN MANAGEMENT
Suite, Apt. #, etc.:
22 SAME
City & State:
23 SAME
Zip: 24 Country: 25

2a. Mailing Address: 26 GLEN MANAGEMENT SERVICE, INC.
Suite, Apt. #, etc.:
27 SAME
City & State:
28 SAME
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
A GLEN
4301 OAK CIRCLE STE 23
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GLICKMAN, KATHLEEN	
STREET ADDRESS	22378 S.W. 57TH CIR.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	CONLEY, NANCY	
STREET ADDRESS	22374 S.W. 57TH CIR.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, HAZEL	
STREET ADDRESS	22368 S.W. 57TH CIRCLE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ODDO, PHILIP	
STREET ADDRESS	22336 S.W. 57TH CIR.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SARNELLI, MATT	
STREET ADDRESS	22348 S.W. 57TH CIRCLE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PATRICK M. LEONARD	
1.3 STREET ADDRESS	22316 SW 57TH CIRCLE	
1.4 CITY - ST - ZIP	BOCA RATON, FL 33428	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patrick M. Leonard* 4/30/97 561-392-0977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036595

CR2E037 (9/96)