2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State 04-04-2008 90034 043 ****61.25

DOCUMENT # 750329 1. Entity Name ISLE OF SANDALFOOT CONDOM			
Principal Place of Business 9440 S.W. 8TH STREET BOCA RATON, FL 33428-6862	Mailing Address C/O BENCHMARK PROPERTY 7932 WILES ROAD CORAL SPRINGS, FL 33067	US	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		·
Suite, Apt. #, etc.	Suite, Apt. #, etc.		(
City & State	City & State		4

Principal Places of Business Mailing Accidenas C/O BENCHMARK PROPERTY STATE BOLDA RATOM, Ft. 33428-8682 C/O BENCHMARK PROPERTY STATE STATE STATE C/O BENCHMARK PROPERTY C/O BENCHMARK PROP	ISLE OF	SANDALFOOT CONDOMIN	HOW, INC. 5			40054	KUX	-	
Suite, Apt. 4, etc.	9440 S.W. 8	TH STREET	C/O BENCHMARK PRO 7932 WILES ROAD		- 7,	· · · · · · · · · · · · · · · · · · ·	; ·	 In cirii reni ribii cirii cirii sic	 Oral el legi
City & State Country Country Country S. Certificate of Status Desired S. Certificate of Status Desired S. Certificate of State Desired S. Certificate of State Desired S. Name and Address of New Registered Agent Name City & State City & FL Zip Code City FL Zip Code FL Z	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		<u> </u>				
Signature Sign	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03252008 _{CI}	hg-NP (CR2E037 (12/06)	
S. Certificate of Sissues Desired Fee Required	City & Stat	в	City & State				I5	⊢	
ROBERT KAYE & ASSOCIATES, INC. 6261 NW 6 WAY SUITE 103 FORT LAUDERDALE, FL 33309 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City	Zip -	Country	Zip	Country		5. Certificate of St	tatus Desired	\$8.75 Add	ditional
ROBERT KAYE & ASSOCIATES, INC. 6261 NW 6 WAY SUITE 10. 6261 NW 6 WAY SUITE 10. 637 FOR LAUDERDALE, FL 33309 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent. SIGNATURE		6. Name and Address of Current	Registered Agent			7. Name and Add	iress of New Regi	stered Agent	
SIGNATURE 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Department of State Plants of Florida Department of St	POREDTI	CAVE & ASSOCIATES INC		Nan	ne .				-
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 Signature, howed or consideration agent send size / sepackable. (I/OTE Registered Agent Spokluta required when remissary) DATE	6261 NW 6	6 WAY SUITE 103		Stre	et Address (P.O. Box Number is	Not Acceptable)		
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 Signature, hypedic protect agent agreed agent and see a spekcable. (I/OTE, Registered Agent spokulus recurred when re-intature) DATE									-
SIGNATURE Signature, hood or provided name of registered agent and site of spokesible (PLOTE Registered Agent spokelure recoursed when remissariary) DATE				City				FL Zip Cod	e
SIGNATURE Filling Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution Added to Fees Added to F			r the purpose of changing its	registered offic	e or register	ed agent, or both, in	the State of Florida	a. I am familiar with,	and accept
Filling Fee Is \$61.25 Due by May 1, 2008 Protection Campaign Financing \$5.00 May Be Added to Fees Make check payable to Fiorida Department of State Added to Fees	tro obligat	abis or regional co agent.	•						
Filling Fee Is \$61.25 Due by May 1, 2008 Projection Campaign Financing \$5.00 May Be Added to Fees Make check payable to Fiorida Department of State Added to Fees	SIGNATURE								
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DVP Delete TITLE P Change Addition NAME KURTEFF, MICHELE STREET MICHELE STREET ADDRESS 9440 SW 8 ST. BOCA RATON, FL 33428 CITY-ST-2P DD Delete TITLE P Change Addition NAME STREET ADDRESS CITY-ST-2P CUBILLA, CELESTINE STREET #411 DC CUBILLA, CELESTINE STREET #410 CITY-ST-2P NAME STREET ADDRESS GITY-ST-2P NAME GREET ADDRESS GITY-ST-2P NAME STREET ADDRESS GITY-ST-2P NAME STREET ADDRESS GITY-ST-2P NAME GREET	3.3	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent s	gnature required	when reinstating)		DATE	
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555,775,72,55,72					SS				
			this filing does not qualify for		s contained	in Chapter 119, Flo	rida Statutes. I furt	ther certify that the in	 nformation

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 eath; 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: MUDICILLA	TO(1)- LORGS	3-2708	561-479-165
SIGNATURE AND TYPED OR PRINTED NAM	E OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #