

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/

FILED
Jun 30, 2006 8:00 am
Secretary of State

05-01-2006 90328 024 ****61.25

DOCUMENT # 750618

1. Entity Name
ISLE OF SANDALFOOT CONDOMINIUM INC. 6



Principal Place of Business
**9370 SOUTHWEST 8TH STREET
BOCA RATON, FL 33428**

Mailing Address
**7932 WILES ROAD
POMPANO BEACH, FL 33067**

66021123



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2074079

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT KAYE & ASSOCIATES, INC.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
NAME
STREET ADDRESS
CITY- ST- ZIP
**DST
BURNS, WILLIAM
9370 SW 8 ST #302
BOCA RATON, FL 33428** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**President
Deckmann, Robert
7 Lariat Circle
Boca Raton FL 33428** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVP
EBER, ANN
9370 SW 8 ST #217
BOCA RATON, FL 33428** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
Oland, Michael
9370 SW 8th Street
Boca Raton, FL 33428** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
BURNS, BILL
9370 SW 8 STREET #416
BOCA RATON, FL 33428** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
BRUCE, NEILL R
9370 SW 855 #312
BOCA RATON, FL 33428** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- 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
CITY- ST- ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 561-862-0701
Date Daytime Phone #