


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90059 038 ****61.25

DOCUMENT # 750668 1. Entity Name ISLE OF SANDALFOOT CONDOMINIUM INC. 7			
Principal Place of Business 9300 S W 8TH ST BOCA RATON, FL 33428		Mailing Address SWIFT MANAGEMENT SOLUTIONS INC 1750 UNIVERSITY DR SUITE 205 CORAL SPRINGS, FL 33071 US	
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
6. Name and Address of Current Registered Agent SWIFT MANAGEMENT SOLUTIONS 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD SCHULER, LORRAINE 9300 SW 8TH ST, # 3140 BOCA RATON, FL 33428	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARIS, LILLIAN 9300 SW 5TH ST SUITE 407 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRIEDMAN, VIVIAN 9300 SW 8TH ST, # 1050 BOCA RATON, FL 33428	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, KALUBER 9300 SW 8TH ST, # 3080 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARP, CLARE 9300 SW 8TH ST SUITE 414 BOCA RATON, FL 33428	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAPKIN, MICHAEL 9300 SW 8TH ST, # 320 BOCA RATON, FL 33428	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fass, Sara 9300 SW 8th Street # 315 Boca Raton, FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Sara L Fass-Lorraine Schuler</u> <u>2/19/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			