

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750668

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: ISLE OF SANDALFOOT CONDOMINIUM INC. 7

**Current Principal Place of Business:**

9300 S W 8TH ST  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

SWIFT MANAGEMENT SOLUTIONS INC  
1750 UNIVERSITY DR SUITE 205  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

FEI Number: 59-2074082      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWIFT MANAGEMENT SOLUTIONS  
1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHULER, LORRAINE  
Address: 9300 SW 8TH ST, # 3140  
City-St-Zip: BOCA RATON, FL 33428

Title: T ( ) Delete  
Name: FASS, SARA  
Address: 9300 SW 8TH STREET #315  
City-St-Zip: BOCA RATON, FL 33428

Title: VP ( ) Delete  
Name: FRIEDMAN, VIVIAN  
Address: 9300 SW 8TH ST, # 1050  
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete  
Name: SHARP, CLARE  
Address: 9300 SW 8TH ST SUITE 414  
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete  
Name: DRAPKIN, MICHAEL  
Address: 9300 SW 8TH ST, # 320  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE SCHULER

PRE

01/17/2009

Electronic Signature of Signing Officer or Director

Date