

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-11-2006 90238 014 ****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02132006 Chg-NP CR2E037 (11/05)

DOCUMENT # 752025 1. Entity Name ISLE OF SANDALFOOT CONDOMINIUM, INC. 4					
Principal Place of Business 9235 SW 8 STREET BOCA RATON, FL 33428			Mailing Address 7932 WILES RD CORAL SPRINGS, FL 33067		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2266136	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERT KAYE AND ASSOCIATES INC 6261 NW 6 MAY STE 103 FORT LAUDERDALE, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (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. <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	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TADDEO, RALPH		NAME	DANIS, JOHN F	
STREET ADDRESS	9235 SW 8 ST		STREET ADDRESS	9235 SW 8th Street	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	Boca Raton FL 33428	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNEISS, SANDY		NAME	PASTORE, Luigi	
STREET ADDRESS	9235 SW 8 ST		STREET ADDRESS	5 Whitney Street	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	White Plains, NY 10606	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAZZARO, SAL		NAME	ST. GERMAINE, JEAN P.	
STREET ADDRESS	9235 SW 8 ST		STREET ADDRESS	9235 SW 8 ST	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST. GERMAINE, JEAN P		NAME	KNEISS, SANDY	
STREET ADDRESS	9235 SW 8 STREET		STREET ADDRESS	9235 SW 8 ST	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAB, EDWARD		NAME		
STREET ADDRESS	9235 SW 8 ST		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i>			7/3/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		