2007 NOT-FOR-PROFIT CORPORATION

FILED Mar 02, 2007 8:00 am Secretary of State

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Principal Place of Business 9235 SW 8 STRET 932 WILES RD CORAL SPRINGS, FL 33067 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9235 W 8 STRET 932 WILES RD CORAL SPRINGS, FL 33067 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9235 W 8 ST P32 WILES RD CORAL SPRINGS, FL 33067 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9235 SW 8 ST P32 WILES RD CORAL SPRINGS, FL 33067 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9235 SW 8 ST P3235 SW 8 ST P235 SW B ST P245 PA66 SIGNS PA66 ST P325 P325 SW B ST P235 P325 P325 P325 P325 P325 P325 P325	DOCUMENT # 752025 1. Entity Name ISLE OF SANDALFOOT CONDOMINIUM, INC. 4				03-02-2007 90019 041 ****61.25		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O2132007 Chg-NP CR2E037 (12/06) City & State City & State City & State Country Country Country Country Country Country Sp-2266136 Applied For Sp-2266136 And Applied For Sp-2266136 Country Sp-2266136 Country Sp-2266136 Applied For Sp-2266136 Country Sp-2266136 Country Sp-2266136 And Applied For Sp-2266136 Country Sp-2266136 Applied For Not Applied For Sp-2266136 Solid Applied For Sp-2266136 Country Sp-2266136 Applied For Sp-2266136 Solid Applied For Sp-2266136 Applied For Sp-2266136 Solid Applied For Sp-2266136 Name and Address of Current Registered Agent Name Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) FILE Signature Filing Fee is \$61.25 Due by May 1, 2007 Speace Address Speaker Registered Agent Signature required when reinstaincy) DATE Filing Fee is \$61.25 Due by May 1, 2007 Speace Ration F. Signature The Address To Officers And Directors In 10 TITLE DATE DATE Address To Officers And Directors In 10 DATE DATE DATE DATE Address To Officers And Directors In 10 DATE DATE Address To Officers And Directors In 10 DATE DATE Address To Officers And Directors In 10 DATE DATE Address To Officers And Directors In 10 DATE DATE Address To Officers And Directors In 10 DATE DATE Address To Officers And Directors In 10 DATE DATE Address To Officers And Directors In 10 DATE DATE Address To Officers And Directors In 10 DATE DATE Address To Officers And Directors In 10 DATE Addres	9235 SW 8 STREET 7932 WILE		7932 WILES RD	3067			
City & State A. FEI Number	2. Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address				
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132007 Chg-NP CR2E037 (12/06)		
5. Certificate of Status Desired Fee Required F	City & State		City & State		E0 2266426		
ROBERT KAYE AND ASSOCIATES INC 6261 NW 6 MAY STE 103 FORT LAUDERDALE, FL 33309 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 Filling Fee is \$61.25 Due by May 1, 2007 Pilling Fee is \$61.25 Due by May 1	Zip			Country	5. Certificate of Status Desired Fee Required		
ROBERT KAYE AND ASSOCIATES INC 6261 NW 6 MAY STE 103 FORT LAUDERDALE, FL 33309 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 Filing Fee is \$61.25 Due by May 1, 2007 P. Election Campaign Financing Trust Fund Contribution. P. Election Campaign Financing Trust Fund Contribution. D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME TADDEO, RALPH SIREET ADDRESS GIY-ST-ZIP BOCA RATON, FL 33487 STREET ADDRESS GIY-ST-ZIP BOCA RATON, FL 33487		6. Name and Address of Curren	t Registered Agent	Nama	7. Name and Address of New Registered Agent		
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, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE Filling Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME TADDEO, RALPH SIREET ADDRESS 9235 SW 8 ST SIREET ADDRESS	6261 NW 6 MAY STE 103						
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Pare Piling Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Added to Fees Piorida Department of State				City	FL Zip Code		
Signature, hipped or printed name of registared agent and little if applicable. (NOTE: Registared Agent signature required when reinstating) Filling Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Florida Department of State	8. The above the obligation	e named entity submits this statement f tions of registered agent.	or the purpose of changing its	registered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept		
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10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TADDEO, RALPH STREET ADDRESS 9235 SW 8 ST CITY-ST-ZIP BOCA RATON, FL 33487 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE 3/T DAVIS, John F. STREET ADDRESS 9235 SW 8 ST CET # 115 CITY-ST-ZIP BOCA RATON, FL 33487							
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Bezas (E) (1/1)	STREET ADORESS	9235 SW 8 ST		STREET ADDRESS	9235 SW 8 STreet #10		
NAME KNEISS, SANDY STREET ADDRESS Q1235 SW 8 ST GITY-ST-ZIP BOCA RATON, FL 33487 NAME St. Germane Jean P # 112 GTY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP BOCA RATON, FL 33487	NAME STREET ADDRESS	KNEISS, SANDY 9235 SW 8 ST	☐ Delete	NAME Street address	P Defange Addition St. Germane Jean P # 112 9235 SW B Street		
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CITY-SI-2P BOCA RATON, PL 33487				CITY-ST-ZIP	Bocalom & 33487		
TITLE VP Delete TITLE Change Addition NAME ST. GERMAINE, JEAN P STREET ADDRESS CITY-ST-2IP BOCA RATON, FL 33487 TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	ST. GERMAINE, JEAN P 9235 SW 8 STREET	Ç∂ Delete	name Street adoress	☐ Change ☐ Addition		
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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.	of the cor	i on this report or supplemental report rporation or the receiver or trustee emp	is true and accurate and that mo powered to execute this report	ny signature shall ha as required by Chai	ive the same legal effect as if made under oath; that I am an officer or director oter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date	criarigeo.						