


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90030 039 ****61.25

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 - No P.O. Box #		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 <input type="checkbox"/>	
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		
			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	ST	<input checked="" type="checkbox"/> Delete	TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JOHN F		NAME	Ochrymowicz, KAZ	
STREET ADDRESS	9235 SW 8TH ST SUITE 115		STREET ADDRESS	9235 SW 8th St 306	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST.GERMAINE, JEAN P		NAME	GIGLIO, SUSAN	
STREET ADDRESS	9235 SW 8TH ST SUITE 112		STREET ADDRESS	9235 SW 8th St 402	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	AWP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TADDEO, RALPH		NAME	Bull, DAVID	
STREET ADDRESS	9235 SW 8TH ST SUITE 407		STREET ADDRESS	9235 SW 8th St 204	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTORE, LUIGI		NAME	St. Germaine, Jean Paul	
STREET ADDRESS	5 WHITNEY STREET		STREET ADDRESS	9235 SW 8th St 112	
CITY-ST-ZIP	WHITE PLANES, NY 10606		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Delete	TITLE	O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Taddeo, Ralph	
STREET ADDRESS			STREET ADDRESS	9235 SW 8th St. 407	
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

90001



02282008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2266136 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
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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: *K. Ochrymowicz* KAZ ochrymowicz 02-11-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #