

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90148 004 ****70.00

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04503

1. Entity Name
SANDALFOOT PLAZA PROPERTY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7661 ~~7667~~ B LAKE WORTH RD
LAKE WORTH, FL 33467 US

7661 ~~7667~~ B LAKE WORTH RD
LAKE WORTH, FL 33467 US

DO NOT WRITE IN THIS SPACE

04282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, ALFRED
76698 LAKE WORTH RD
LAKE WORTH, FL 33467

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, HARRY J
STREET ADDRESS	7667 B LAKE WORTH RD 7661 Lake Worth Rd
CITY - ST - ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	OBERLINK, PETER C
STREET ADDRESS	461 PARK AVE SOUTH
CITY - ST - ZIP	NEW YORK, NY 10016
TITLE	D
NAME	BROWN, ALFRED M
STREET ADDRESS	7667 B LAKE WORTH RD 7661 Lake Worth Rd
CITY - ST - ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

AL Brown **AL BROWN** **4/29/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #