

APR-25-2005 MON 05:16 PM THE BROWN CO'S

FAX

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90968 024 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N04503 1. Entity Name SANDALFOOT PLAZA PROPERTY ASSOCIATION, INC.					
Principal Place of Business 7661 B LAKE WORTH RD LAKE WORTH, FL 33467 US			Mailing Address 7661 B LAKE WORTH RD LAKE WORTH, FL 33467 US		
2. Principal Place of Business 7753 Lakeworth RD. Suite, Apt. #, etc.		3. Mailing Address 7753 Lakeworth RD. Suite, Apt. #, etc.		04252005 Chg-NP CR2E037 (10/03)	
City & State Lakeworth, FL Zip 33467		City & State Lakeworth, FL Zip 33467		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROWN, ALFRED 76698 LAKE WORTH RD LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent Name Alfred Brown Street Address (P.O. Box Number is Not Acceptable) 7753 Lakeworth RD City Lakeworth FL Zip Code 33467		
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 retreating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BROWN, HARRY J 7661 LAKE WORTH RD LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete QBERLINK, PETER C 461 PARK AVE SOUTH NEW YORK, NY 10016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BROWN, ALFRED M 7661 LAKE WORTH RD. LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			April 26, 2005 561-		