

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002859

FILED
Apr 17, 2009
Secretary of State

Entity Name: SANDALFOOT COVE ONE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1500 SW 64TH WAY
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 970546
BOCA RATON, FL 33428

New Mailing Address:

P.O. BOX 970546
BOCA RATON, FL 33497

FEI Number: 75-3212894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACHS & SAX PA
LOUIS CAPLAN
301 YAMATO RD STE 4150
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SACH SAX CAPLAN
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 US

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.

SIGNATURE: LOU CAPLAN

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CONTI, CARMEN
Address: 1500 SW 65TH AVE
City-St-Zip: BOCA RATON, FL 33428

Title: DS () Delete
Name: DEVLIN, JANE
Address: 1460 SW 64TH WAY
City-St-Zip: BOCA RATON, FL 33428

Title: DVP () Delete
Name: DUTILLY, DAVE
Address: 1541 SW 65TH AVE
City-St-Zip: BOCA RATON, FL 33428

Title: DVP () Delete
Name: LALAMA, ADIANA
Address: 1560 SW 65TH TERRACE
City-St-Zip: BOCA RATON, FL 33428

Title: DT () Delete
Name: NELSEN, JOHN
Address: 1500 SW 64TH WAY
City-St-Zip: BOCA RATON, FL 33428

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TRIPP, JONATHAN
Address: P. O. BOX 970546
City-St-Zip: BOCA RATON, FL 33497

Title: DVP (X) Change () Addition
Name: LEMIEUX, JACK
Address: P. O. BOX 970564
City-St-Zip: BOCA RATON, FL 33497

Title: DVP (X) Change () Addition
Name: PARKER-REDON, JANELL
Address: P. O. BOX 970564
City-St-Zip: BOCA RATON, FL 33497

Title: DT (X) Change () Addition
Name: LALAMA, ADRIANA
Address: P. O. BOX 970546
City-St-Zip: BOCA RATON, FL 33497

Title: D (X) Change () Addition
Name: STORM, JOHN
Address: P. O. BOX 970546
City-St-Zip: BOCA RATON, FL 33497

Title: DS () Change (X) Addition
Name: TRIPP, JAMES
Address: P. O. BOX 970546
City-St-Zip: BOCA RATON, FL 33497

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA LALAMA

DT

04/17/2009

Electronic Signature of Signing Officer or Director

Date