


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90223 035 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N98000000391</b>                         |  |
| 1. Entity Name<br>SANDALFOOT CENTRAL ASSOCIATION, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>7932 WILES ROAD<br>CORAL SPRINGS, FL 33067 | Mailing Address<br>7932 WILES ROAD<br>CORAL SPRINGS, FL 33067 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04142005 No Chg-NP CR2E037 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0901042 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>ROBERT KAYE & ASSOCIATES, P.A.<br>6261 NW 6TH WAY SUITE 103<br>LAUDERDALE, FL 33309 |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |  |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KRONER, JAMES J<br>9355 SW 8 STREET #119<br>BOCA RATON, FL 33428 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>ELLIS, VIRGINIA<br>9233 SW 8 STREET #107<br>BOCA RATON, FL 33428 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHULER, LORRAINE<br>9300 SW 8 STREET<br>BOCA RATON, FL 33428     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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.

|   |                     |                                |
|---|---------------------|--------------------------------|
| <b>SIGNATURE:</b>  | 4/14/05             | 954-344-5353                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                     | <small>Date</small> | <small>Daytime Phone #</small> |