FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744986** **(1)**

1. Corporation Name

LELY BAREFOOT BEACH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1 LELY BCH.BLVD. BONITA SPRINGS FL 33923	1 LELY BCH.BLVD. BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2474386 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~COOPER, NANCY~~
~~1 LELY BEACH BLVD~~
~~BONITA SPRINGS FL 33923~~

10. Name and Address of New Registered Agent

81 Name: Tamela Eady Wiseman
82 Street Address (P.O. Box Number is Not Acceptable): 2150 Goodlette Road Suite 305
83
84 City: Naples **FL** 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Tamela Eady Wiseman — 5-8-95
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, WILLIAM	12 NAME	
STREET ADDRESS	247 LELY BEACH BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ASMUS, ROBERT	22 NAME	
STREET ADDRESS	205 LELY BEACH BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	DOLAN, CARMI	32 NAME	
STREET ADDRESS	108 CURACAO LANE	33 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	~~BUSCANO, VICTOR~~	42 NAME	Treasurer Robert Mott
STREET ADDRESS	~~P O BOX 1495~~	43 STREET ADDRESS	103 Jumento Cay Lane
CITY-ST-ZIP	~~BONITA SPRINGS FL~~	44 CITY-ST-ZIP	Bonita Springs, Fl. 33923
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/29/95 813-947-6690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018888