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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 744986

1. Corporation Name

LELY BAREFOOT BEACH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

1 LELY BCH.BLVD.
 BONITA SPRINGS FL 33923

Mailing Address

1 LELY BCH.BLVD.
 BONITA SPRINGS FL 33923



2. Principal Place of Business

21 1 Barefoot Beach Blvd

Suite, Apt. #, etc.

22

City & State

23 Bonita Springs, Fl.

Zip Country

24 34134

25 Collier

2a. Mailing Address

26 1 Barefoot Beach Blvd

Suite, Apt. #, etc.

27

City & State

28 Bonita Springs, Fl.

Zip Country

29 34134

30 Collier

3. Date Incorporated or Qualified

11/16/1978

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

9. Name and Address of Current Registered Agent

WISEMAN, TAMELA E
 5121 CASTELLO DRIVE
 SUITE 1
 NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
 NAME DENICOLA, BARRY
 STREET ADDRESS 112 BONAIRE LN
 CITY-ST-ZIP BONITA SPRINGS FL

TITLE T ☐ DELETE
 NAME FLIER, GUS
 STREET ADDRESS 109 ST EUSTACIUS LANE
 CITY-ST-ZIP BONITA SPRINGS FL

TITLE VD ☒ DELETE
 NAME HEFLIN, JOAN
 STREET ADDRESS 108 JUMENTO CAY LN
 CITY-ST-ZIP BONITA SPRINGS FL

TITLE S ☐ DELETE
 NAME MOTT, ROBERT
 STREET ADDRESS 103 JUMENTO CAY LANE
 CITY-ST-ZIP BONITA SPRINGS FL

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition
 2.2 NAME Flier, Gus
 2.3 STREET ADDRESS 109 St Eustacius Lane
 2.4 CITY-ST-ZIP Bonita Springs, Fl. 34134

3.1 TITLE VD ☐ Change ☒ Addition
 3.2 NAME Daniel George
 3.3 STREET ADDRESS 110 St. Eustacius Lane
 3.4 CITY-ST-ZIP Bonita Springs, Fl. 34134

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE T ☐ Change ☒ Addition
 5.2 NAME Richard Schlipf
 5.3 STREET ADDRESS 103 Dominica Lane
 5.4 CITY-ST-ZIP Bonita Springs, Fl. 34134

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/23/99

941-947-6690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)