

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744986

1. Entity Name

LELY BAREFOOT BEACH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

1 BAREFOOT BEACH BLVD  
BONITA SPRINGS FL 34134  
US

Mailing Address

1 BAREFOOT BEACH BLVD  
BONITA SPRINGS FL 34134  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2474386

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISEMAN, TAMELA E

5121 CASTLE DRIVE 5551 Ridgewood Dr., #501  
NAPLES FL 34102 34108

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
STANTON, FRANK  
102 BONAIRE LANE  
BONITA SPRINGS FL 34134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
DANIEL, GEORGE  
110 ST. EUSTACIUS LANE  
BONITA SPRINGS FL 34134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
MOTT, ROBERT  
103 JUMENTO CAY LANE  
BONITA SPRINGS FL

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
BARNES, ROBERT  
103 ST EUSTACIUS LANE  
BONITA SPRINGS FL 34134

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NAME  
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CITY-ST-ZIP

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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:

*Robert Barnes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 30, 2002 8:00 am  
Secretary of State

04-30-2002 90155 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)