

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 22 1996 8:00 am  
Secretary of State

DOCUMENT # N35955 (6)  
1. Corporation Name  
BAREFOOT BEACH CLUB HOMEOWNER'S ASSOCIATION, INC



Principal Place of Business  
259 LELY BEACH BLVD  
BONITA SPRINGS FL 33923

Mailing Address  
1044 CASTELLO DRIVE  
SUITE 206  
NAPLES FL 33940  
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/04/1990	04/06/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2990793	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30		\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOUTHWEST PROPERTY MANAGEMENT CORP 1044 CASTELLO DRIVE SUITE 206 NAPLES FL 33940	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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PD</del> <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OELSCHLAEGER, EDWARD R.	1.2 NAME	
STREET ADDRESS	511 W BAY ST., SUITE 302	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	<del>VD</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>TALLMAN, JAY</del>	2.2 NAME	Frank Kristoff
STREET ADDRESS	511 W. BAY ST. STE 302	2.3 STREET ADDRESS	266 Lely Beach Blvd. #501
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Naples, Florida
TITLE	<del>STD</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>WEBER, BRIAN</del>	3.2 NAME	Ken Edelbrock
STREET ADDRESS	259 LELY BEACH BLVD.	3.3 STREET ADDRESS	269 Lely Beach Blvd. #404
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	Naples, Florida
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	William Turner
STREET ADDRESS		4.3 STREET ADDRESS	263 Lely Beach Blvd. #504
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples, Florida
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gary Kinsella
STREET ADDRESS		5.3 STREET ADDRESS	255 Lely Beach Blvd. #304
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, Florida
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: *Frank P. Kristoff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/16/96 Daytime Phone #: 941-261-3440

CR2E037 (12/95)