

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996.**



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

DOCUMENT # **N95000003181 (3)**

1. Corporation Name

**LELY BAREFOOT BEACH DOCK ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**2660 AIRPORT ROAD SOUTH  
NAPLES FL 33962**

**2660 AIRPORT ROAD SOUTH  
NAPLES FL 33962**

3. Date Incorporated or Qualified

**06/30/1995**

3a. Date of Last Report

2. Principal Place of Business

**21 8825 TAMiami TRAIL E.**

2a. Mailing Address

**26 8825 TAMiami TRAIL E.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 NAPLES, FLORIDA**

**28 NAPLES, FLORIDA**

Zip

Country

Zip

Country

**24 34113**

**25 COLLIER**

**29 34113**

**30 COLLIER**

4. FEI Number

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**

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

**STANLEY, JOHN F  
2660 AIRPORT ROAD SOUTH  
NAPLES FL 33962**

81 Name

**Robert Braseth**

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

**8825 Tamiami Trail E.**

83

84 City  
**Naples,**

**FL**

85 Zip Code  
**34113**

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 617.0303, Florida Statutes.

SIGNATURE

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

**Robert Braseth**

(NOTE: Registered Agent signature required when reinstating)

**6/18/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **ANGNELI, JOHN J**  
STREET ADDRESS **8825 TAMiami TRAIL EAST**  
CITY - ST - ZIP **NAPLES FL 33962**

11 TITLE **PD** ☒ Change ☐ Addition  
12 NAME **de Lange, Luke**  
13 STREET ADDRESS **8825 Tamiami Trail E.**  
14 CITY - ST - ZIP **Naples, FL 34113**

TITLE **VD** ☒ DELETE  
NAME **BRASETH, ROBERT**  
STREET ADDRESS **8825 TAMiami TRAIL EAST**  
CITY - ST - ZIP **NAPLES FL 33962**

21 TITLE **VD** ☒ Change ☐ Addition  
22 NAME **Tomsic, Larry**  
23 STREET ADDRESS **8825 Tamiami Trail E.**  
24 CITY - ST - ZIP **Naples, FL 34113**

TITLE **STD** ☒ DELETE  
NAME **CLARK, MARY**  
STREET ADDRESS **8825 TAMiami TRAIL EAST**  
CITY - ST - ZIP **NAPLES FL 33962**

31 TITLE **STD** ☒ Change ☐ Addition  
32 NAME **Ryan, Joseph**  
33 STREET ADDRESS **8825 Tamiami Trail E.**  
34 CITY - ST - ZIP **Naples, FL 34113**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

**500001891455  
-07/11/96--01081--000  
\*\*\*70.00**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Luke de Lange**

**6/18/96**

**941-774-5333**

Date

Daytime Phone #

CR2E037 (3/96)