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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 8825 TAMiami TRAIL E. NAPLES FL 34113
Mailing Address: 8825 TAMiami TRAIL E. NAPLES FL 34113-3347

3. Date Incorporated or Qualified: 06/30/1995
3a. Date of Last Report: 07/11/1996
4. FEI Number: 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

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

9. Name and Address of Current Registered Agent
BRASETH, ROBERT
8825 TAMiami TRAIL E.
NAPLES FL 34113

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LANGE, LUKE	1.2 NAME	
STREET ADDRESS	8825 TAMiami TRAIL EAST	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 34113	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMsic, LARRY	2.2 NAME	
STREET ADDRESS	8825 TAMiami TRAIL EAST	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 34113	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, JOSEPH	3.2 NAME	
STREET ADDRESS	8825 TAMiami TRAIL EAST	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 34113	3.4 CITY - ST - ZIP	
TITLE	Treasurer	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JoAnn Farinacci	4.2 NAME	
STREET ADDRESS	2350 W. Crown Pt Blvd	4.3 STREET ADDRESS	
CITY - ST - ZIP	Naples FL 34112	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: _____

3-20-97

CR2E037 (9/96)