2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90229 036 ****61.25

DOCUMENT # N9500003181 1. Entity Name LELY BAREFOOT BEACH DOCK ASSOCIATION, INC.								04-30-2	2004 90229	036 ****	61.25
#1 BAREFOOT BEACH BLVD #1			ailing Address E1 BAREFOOT BEACH BLVD ONITA SPRINGS, FL 34134				94074415				
2. Principal Place of Business Suite, Apt. #, etc.		3. Maili	3. Mailing Address				03242004 Chg-NP CR2E037 (10/03)				
		Suite, Apt. #, etc.									
City & State		City & State					4. FEI Numb			-	pplied For
Zip	Country	Zip		Cour	ntry			of Status Des	ired []	\$8.75 Ac	lditional
<u> </u>	6. Name and Address of Current	 Registered	Agent			!	7. Name and	Address of I	New Registered		· · · · · · · · · · · · · · · · · · ·
					Name					-	
COOPER, NANCY D #1 BAREFOOT BEACH BLVD			Street /			ddress (F	ress (P.O. Box Number is Not Acceptable)				
BONITA S	SPRINGS, FL 34134			Ì							
				ŀ	City				F	Zìp Co	de
C The above	e named entity submits this statement fo	r the purpo	no of changing its s	ocietoro	d office or	register	ad agent or bo	th in the State			and accent
SIGNATURE											
28 s .	Signature, typed or printed name of registered agent	and title if appli					when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	and title if appli	9. Election Carry Trust Fund Co	paign Fi	nancing		\$5.00 May E Added to Fees			ck payable	
33,	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR		9. Election Camp Trust Fund Co	paign Fi	nancing		\$5.00 May 8 Added to Fees		Make che	ck payable artment of S	N 10
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIE		9. Election Camp	paign Firontribution	nancing on.	П Р	\$5.00 May E Added to Fees DDITIONS/CH	ANGES TO O	Make che Florida Dep	ck payable artment of S	State
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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 other like empowered.

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR