2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 17, 2007 8:00 am Secretary of State

☐ Change

☐ Addition

								•		
DOCUMENT # N9500003181 1. Entity Name LELY BAREFOOT BEACH DOCK ASSOCIATION, INC.								0244 044 ****61	1.25	
#1 BAREFOOT BEACH BLVD #1			Mailing Address #1 BAREFOOT BEACH BLVD BONITA SPRINGS, FL 34134			4000	Ju.,			
2. Principal Place of Business - No P.O. Box # 3. Ma			3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			g-NP	CR2E037 (12/06)		
City & State			City & State	City & State			 .	<u> </u>	pplied For	
Zip Country			Zip Cou			65-078788		\$8.75 Ad	ot Applicable ditional	
· ·							Fae Required			
	6. Name and Addr	ess of Current R	legistered Agent	Ns Ns	me	7. Name and Add	ass of New Re	gistered Agent		
COOPER, NANCY D										
#1 BAREFOOT BEACH BLVD BONITA SPRINGS, FL 34134					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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Stonature, typed or printed name of requistered agent and other if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required v						(water and a second				
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTO			CTORS	11.		ADDITIONS/CHANGE	S TO OFFICER	S AND DIRECTORS IN	110	
TITLE	Р		DKDelete	TITLE				Change	Addition	
NAME	HERRMANN, MAR	•	NAME	ĺ						
STREET ADDRESS CITY-ST-ZIP	104 INAGUA LANE BONITA SPRINGS		STREET ADD							
TITLE	S		₩ Delete	ти				☐ Change	Addition	
HAVE	WINDFELDT, GEN		NAME	ł						
STREET ADDRESS CITY-ST-ZIP	109 PELIPE LANE MIAMI, FL 33134		STREET ADD	1						
TITLE	V		☐ Delete	TITLE	- _	-K 11.41		∑ Change	Addition	
NAME .	COOKE, JOHN			NAME	243	oke, JOHN	ום נו באם	ıd		
STREET ADDRESS City-St-ZP	243 BAREFOOT BI BONITA SPRINGS		STREET ADD	P Bow	BARRFOUT B	IAG FI	34134			
TITLE	23.471. 07.44100		☐ Delete	TITLE	11/			Change	Æ Addition	
NAME				NAME	PAR	KER FRED				
STREET ADDRESS CITY-ST-ZIP				STREET ADD CITY-ST-21	MESS 207	KER FRED BARE FOOT VITA SPRIN	BEACH BE	LW - 34134		
TITLE			☐ Delete	MILE	5	WILK STRIN	1> FL		⊠ Addition	
NAME				NAME	EA	TON, EDWII	j		.—	
STREET ADDRESS				STREET ADD	RESS 105	JUMENTO VITA SPRIN	CAYLA	Ne		
CITY-ST-ZIP	1			CITY-ST-ZI	BOL	VITA SPRIN	SS FL	<i>つり34</i>		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED MANE OF SKINDING OFFICER DR DEECTOR

Date

Date

Date

Descriptions

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP