# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 26, 2000 8:00 am**
**Secretary of State**
06-26-2000 90001 046 ****61.25

DOCUMENT # N96000001376

1. Entity Name

BAREFOOT BOAT CLUB CONDOMINIUM ASSOCIATION, INC. 12

| Principal Place of Business | Mailing Address |
|---|---|
| 5025 BONITA BEACH ROAD<br>BONITA SPRINGS FL 33923 | 5025 BONITA BEACH ROAD<br>BONITA SPRINGS FL 34134-3915 |

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 745 12 Ave. South<br>Suite, Apt. #, etc<br>Suite J |
| City & State | City & State<br>Naples, FL 34102 |
| Zip / Country | Zip / Country<br>34102 / Collier |

4. FEI Number 65-0673914 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KRAUS & WYNE PA<br>1072 GOODLETTE RD NORTH<br>NAPLES FL 34102 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

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

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>RUFF, EDWARD J<br>4760 TAMIAMI TRAIL NORTH, SUITE 6<br>NAPLES FL 33940 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>RUFF, BLANCHE A<br>4760 TAMIAMI TRAIL NORTH, SUITE 6<br>NAPLES FL 33940 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Robert Verville VD<br>1 Blue Heron Way<br>Acton, MA 01720 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>VOGEL, JAMES D<br>4760 TAMIAMI TRAIL NORTH, SUITE 6<br>NAPLES FL 33940 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | K. Edelbrock PD<br>6345 Constitution Dr.<br>Ft Wayne, IN 46804 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Richard Manfredi STD<br>PO Box 347<br>Newbury, OH 44065 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | George Kopetsky D<br>11058 Mann Rd<br>Mooreesville, IN 46158 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 4/13/00 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Stuart Kniff D<br>3377 English Hills, DR<br>Grand Rapids, MI 49504 | ☐ Change ☒ Addition |

CR2E037 (9/99)

12. I 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 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:** Kenneth R Edelbrock KENNETH R EDELBROCK 4-28-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #