2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
01-21-2005 90083 048 ****61.25

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1. Entity Name
BAREFOOT BOAT CLUB CONDOMINIUM ASSOCIATION, INC.

40004003

Principal Place of Business	Mailing Address
5025 BONITA BEACH ROAD BONITA SPRINGS, FL 33923	2681 AIRPORT ROAD S. C-101 NAPLES, FL 34112

01172005 No Chg-NP CR2E037 (10/03)

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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

KRAUS & BALLENGER, PA
1072 GOODLETTE RD NORTH
NAPLES, FL 34102

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GEERLINGS, HOWARD
STREET ADDRESS	545 LAKEWOOD ROAD
CITY-ST-ZIP	TRAVERSE CITY, MI 49684
TITLE	PD
NAME	EDELBROCK, K
STREET ADDRESS	6345 CONSTITUTION DR
CITY-ST-ZIP	FORT WAYNE, IN 46804
TITLE	D
NAME	DORFMAN, JACK
STREET ADDRESS	815 BENT WATER CIRCLE
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D
NAME	KNIFF, STUART
STREET ADDRESS	3377 ENGLISH HILLS DR
CITY-ST-ZIP	GRAND RAPIDS, MI 49504
TITLE	D
NAME	PAXIMADIS, JOHN B
STREET ADDRESS	58 SOUTHPORT COVE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joel Dorfman 1/14/05 239 4986112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #