## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000692

Entity Name: BAREFOOT BEACH RESORT OF INDIAN SHORES BOAT SLIP

ASSOCIATION INC.

**FILED** Feb 20, 2018 Secretary of State CC0373868604

## **Current Principal Place of Business:**

19417 GULF BOULEVARD INDIAN SHORES, FL 33785

## **Current Mailing Address:**

C/O ASSOCIA GULF COAST 9887 4TH ST N STE 301 ST. PETERSBURG, FL 33702 US

FEI Number: 47-4249255 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ASSOCIA GULF COAST 9887 4TH ST N STE 301 ST. PETERSBURG, FL 33702 US

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: DENNIS MANSFIELD 02/20/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title **PRESIDENT** Title ٧P

Name BORNICK, BRUCE Name REILLY, DENISE

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH ST N STE 301 9887 4TH ST N STE 301

ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

**TREASURER** Title Title **SECRETARY** Name ARTZ, HARRY Name PORTE, KIM

C/O ASSOCIA GULF COAST C/O ASSOCIA GULF COAST Address Address

9887 4TH ST N STE 301

9887 4TH ST N STE 301

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title **DIRECTOR** Name FRITZ, JOSEPH

C/O ASSOCIA GULF COAST Address

9887 4TH ST N STE 301

ST. PETERSBURG FL 33702 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

02/20/2018 SIGNATURE: BRUCE BORNICK PRESIDENT