

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **729916** (7)

1. Corporation Name
BAREFOOT BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
935 BAREFOOT BLVD 935 BAREFOOT BLVD
P.O. BOX 779-113 P.O. BOX 779-113
BAREFOOT BAY FL 32976 BAREFOOT BAY FL 32976

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/11/1974** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1586456** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

WESCHLER, EUGENE
1023 ROYAL PALM DR
BAREFOOT BAY, FL
BAREFOOT BAY FL 32976

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	MILLER, DON
STREET ADDRESS	708 N BOUGAINVILLEA
CITY-ST-ZIP	BAREFOOT BAY FL
TITLE	D
NAME	SCHRIVER, EDWIN
STREET ADDRESS	1210 N WATERWAY CIR.
CITY-ST-ZIP	BAREFOOT BAY FL
TITLE	D
NAME	HERB, SHARYN
STREET ADDRESS	102 CHEROKEE COURT
CITY-ST-ZIP	BAREFOOT BAY FL
TITLE	V.P.
NAME	CANHAM, FLO
STREET ADDRESS	825 SOUTH WATERWAY
CITY-ST-ZIP	BAREFOOT BAY FL
TITLE	VP
NAME	RANEY, LOUIS
STREET ADDRESS	807 S TAMARIND CIR
CITY-ST-ZIP	BAREFOOT BAY FL
TITLE	D
NAME	GENERAZIO, JOE
STREET ADDRESS	905 SEQUOIA
CITY-ST-ZIP	BAREFOOT BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed, or on the attachment with an address).

SIGNATURE:

Eugene Weschler Treas - Eugene Weschler 2/24/95 407-664-7134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #