

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified 06/11/1974  
3a. Date of Last Report 03/02/1995  
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  
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 24 Country 25 29 Zip 30 Country

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 James Dacc Treasurer  
82 Street Address (P.O. Box Number is Not Acceptable) 813 S. Waterway Dr  
83 Barefoot Bay Fl  
84 City Barefoot Bay FL 85 Zip Code 32976

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Eugene Weschler DATE Jan 18, 1996  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                      | <input type="checkbox"/> DELETE            |
|----------------------------|----------------------|--|
| TITLE                      | P                    | <input type="checkbox"/> DELETE            |
| NAME                       | MILLER, DON          |  |
| STREET ADDRESS             | 708 N BOUGAINVILLEA  |  |
| CITY-ST-ZIP                | BAREFOOT BAY FL      |  |
| TITLE                      | D                    | <input type="checkbox"/> DELETE            |
| NAME                       | SCHRIVER, EDWIN      |  |
| STREET ADDRESS             | 1210 N WATERWAY CIR. |  |
| CITY-ST-ZIP                | BAREFOOT BAY FL      |  |
| TITLE                      | D                    | <input type="checkbox"/> DELETE            |
| NAME                       | HERB, SHARYN         |  |
| STREET ADDRESS             | 102 CHEROKEE COURT   |  |
| CITY-ST-ZIP                | BAREFOOT BAY FL      |  |
| TITLE                      | VP                   | <input type="checkbox"/> DELETE            |
| NAME                       | CANHAM, FLO          |  |
| STREET ADDRESS             | 825 SOUTH WATERWAY   |  |
| CITY-ST-ZIP                | BAREFOOT BAY FL      |  |
| TITLE                      | VP                   | <input checked="" type="checkbox"/> DELETE |
| NAME                       | RANEY, LOUIS         |  |
| STREET ADDRESS             | 807 S TAMARIND CIR   |  |
| CITY-ST-ZIP                | BAREFOOT BAY FL      |  |
| TITLE                      | D                    | <input type="checkbox"/> DELETE            |
| NAME                       | GENERAZIO, JOE       |  |
| STREET ADDRESS             | 905 SEQUOIA          |  |
| CITY-ST-ZIP                | BAREFOOT BAY FL      |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| 1.1 TITLE   |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 1.2 NAME  |  |                                 |                                   |
| 1.3 STREET ADDRESS                                    |  |                                 |                                   |
| 1.4 CITY-ST-ZIP                                       |  |                                 |                                   |
| 2.1 TITLE   |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 2.2 NAME  |  |                                 |                                   |
| 2.3 STREET ADDRESS                                    |  |                                 |                                   |
| 2.4 CITY-ST-ZIP                                       |  |                                 |                                   |
| 3.1 TITLE   |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 3.2 NAME  |  |                                 |                                   |
| 3.3 STREET ADDRESS                                    |  |                                 |                                   |
| 3.4 CITY-ST-ZIP                                       |  |                                 |                                   |
| 4.1 TITLE   |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 4.2 NAME  |  |                                 |                                   |
| 4.3 STREET ADDRESS                                    |  |                                 |                                   |
| 4.4 CITY-ST-ZIP                                       |  |                                 |                                   |
| 5.1 TITLE   |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 5.2 NAME  |  |                                 |                                   |
| 5.3 STREET ADDRESS                                    |  |                                 |                                   |
| 5.4 CITY-ST-ZIP                                       |  |                                 |                                   |
| 6.1 TITLE   |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 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 119.07(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 an attachment with an address.

SIGNATURE: Eugene Weschler DATE: Jan 18, 1996 407-664-7134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)