## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

729916

(7)

## BAREFOOT BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address					n idens andre sinns säine iden bibie.	iaht mider Midth meder Anger mider dimer amme	
935 BAREFOOT BLVD P.O. BOX 779-113 BAREFOOT BAY FL 32976		935 BAREFOOT BLVD P.O. BOX 779-113 BAREFOOT BAY FL 32976-9113					
DANK OUT ON TE 02070				3. Date incorporated or Qualified 06/11/1974	3a. Date of Last Report 01/25/1996		
Principal Place of Business     The Principal Place of Business     The Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-1586456	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23	28		<del></del>		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation has liability for i		
24	25   9. Name and Address of Curren	1 Registered Agent	[30]		Florida Statutes  10. Name and Address of New Re	Yes No	
	g. Name and Addiss of Outro	t neglistered regent		Name	10. Hallip and Audiday of Harring	Jistorou Agerii	
DACE II	AMES T						
DACE, JA	ATERWAY DR	82 Street Ad		ddress (P.O. Box Number is Not Acceptable)			
BAREFOOT BAY FL 32976		83		3			
			84	1 7		FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 617,050	2 and 617 1508, Florida Statu	ites, the abo	e-named	corporation submits this statement for the p	urpose of changing its registered	
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 obligation of, Section 617,0503, Florida Statutes.							
SIGNATURE Dave Wave MEASUREAL, BBHOA FEB 7 1897							
	Signature types or printed name of registered age			ent signature	Tequired when reinstating)	OATE	
12.	OFFICERS ANI	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change Addition	
TITLE		M offert	1.1 TITLE				
NAME	MILLER, DON SS 708 N BOUGAINVILLEA			1.2 NAME 1.3 STREET ADDRESS  QAA BAREFOOT BLVD		ID Y	
STREET ADDRESS	BAREFOOT BAY FL			14 CITY-ST-ZIP BARE FOOT BAY FL		,	
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITLE			Change Addition	
NAME	SCHRIVER, EDWIN	<del>_</del>	2.2 NAMI				
STREET ADDRESS	1210 N WATERWAY CIR.			T ADDRESS			
CITY-ST-ZIP	BAREFOOT BAY FL		2. 4 CITY	1		1	
TITLE	D	DELETE	3.1 TITLE		Ð	Change Addition	
NAME	HERB, SHARYN		3.2 NAMI	:	GARBARA CUNNING	ham, barbapa	
STREET ADDRESS	102 CHEROKEE COURT		3.9 STRE	ET ADDRESS	405 PLOVER DR	Į	
CITY-ST-ZIP	BAREFOOT BAY FL		3.4. CITY	-ST-ZIP	BARGEOOT BAY FI		
TITLE	VP	☐ DELETE	4.1 TITLE		P	Change  Addition	
NAME	CANHAM, FLO		4. 2 NAM	-		·	
STREET ADDRESS	825 SOUTH WATERWAY		1	T ADDRESS		l	
CITY-ST-ZIP	BAREFOOT BAY FL	☐ DELETE	4.4 CITY			Change Addition	
TITLE	D OCNEDAZIO IOE	T) nereit	5.1 TITLE		<b>Y</b>	Kali nikula 🗂 voditoni	
NAME STREET ADDRESS	GENERAZIO, JOE 905 SEQUOIA		5.2 NAM	ET ADDRESS		İ	
CITY-ST-ZIP	BAREFOOT BAY FL		5.4 DITY				
TITLE	DANLI OVI DAT IL	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAM			·····	
STREET ADDRESS				Et address			
CITY-ST-ZIP			6.4 CITY				
	by certify that the information supplie	d with this filing does not qua			tated in Section 119.07(3)(i), Florida Statute	s. I further certify that the	
14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97

Daytime Phone # 0021060

**FILED** 

Feb 13 1997 8:00am

Secretary of State

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