

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90108 022 \*\*\*\*70.00

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 729916**

1. Corporation Name  
**BAREFOOT BAY HOMEOWNERS ASSOCIATION, INC.**

110238-90 f08 - 22

Principal Place of Business 935 BAREFOOT BLVD P.O. BOX 779-113 BAREFOOT BAY FL 32976	Mailing Address 935 BAREFOOT BLVD P.O. BOX 779-113 BAREFOOT BAY FL 32976
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/11/1974	4. FEI Number 59-1586456 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>DACE, JAMES C</b> <b>813 S WATERWAY DR</b> <b>BAREFOOT BAY FL 32976</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EISELE, NANCY</b>	1.2 NAME	
STREET ADDRESS	<b>944 BAREFOOT BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN WORT, FRED</b>	2.2 NAME	
STREET ADDRESS	<b>945 FRANGY PANT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEARSON, RICHARD</b>	3.2 NAME	<b>D</b>
STREET ADDRESS	<b>1217 CALUSA DR</b>	3.3 STREET ADDRESS	<b>KEELEY, ED</b>
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	3.4 CITY-ST-ZIP	<b>101 HYDRANGEA, CT</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIESENBECK, CHRISTINA</b>	4.2 NAME	
STREET ADDRESS	<b>808 SAPODILLA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HIGGINS, PAULA</b>	5.2 NAME	<b>D</b>
STREET ADDRESS	<b>1169 W BAREFOOT CIR</b>	5.3 STREET ADDRESS	<b>BELLINGHAM, MARION</b>
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	5.4 CITY-ST-ZIP	<b>415 AVOCADO DRIVE</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ **JAN 14 1999 (561) 664-7744**

CR2E037 (11/98)