

2000 UNIFORM BUSINESS REPORT (UBR)

1/28/00-90132-042-\$61.25-\$61.25

1

DOCUMENT # 729916

1. Entity Name

BAREFOOT BAY HOMEOWNERS ASSOCIATION, INC.

FILED

00 MAR -9 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 32976-9113
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1586456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DACE, JAMES C
813 S WATERWAY DR.
BAREFOOT BAY FL 32976

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. 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 James C. Dace *James Dace* **TREASURER** *BBH/DA* **JAN 24 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS:

TITLE	D <input type="checkbox"/> Delete
NAME	EISELE, NANCY
STREET ADDRESS	944 BAREFOOT BLVD.
CITY-ST-ZIP	BAREFOOT BAY FL 32976
TITLE	V <input type="checkbox"/> Delete
NAME	VAN WORT, FRED
STREET ADDRESS	945 FRANGY PANT
CITY-ST-ZIP	BAREFOOT BAY FL 32976
TITLE	D <input type="checkbox"/> Delete
NAME	KEELEY, ED
STREET ADDRESS	101 HYDRANGEA DR
CITY-ST-ZIP	BAREFOOT BAY FL 32976
TITLE	P <input type="checkbox"/> Delete
NAME	RIESENBECK, CHRISTINA
STREET ADDRESS	808 SAPODILLA
CITY-ST-ZIP	BAREFOOT BAY FL 32976
TITLE	D <input type="checkbox"/> Delete
NAME	BELLINGHAM, MARION
STREET ADDRESS	415 AVOCADO DR
CITY-ST-ZIP	BAREFOOT BAY FL 32976
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANHAM, FLORENCE
STREET ADDRESS	825 S WATERWAY DR
CITY-ST-ZIP	BAREFOOT BAY, FL 32976
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLINGHAM, MARION
STREET ADDRESS	415 AVOCADO DR
CITY-ST-ZIP	BAREFOOT BAY, FL 32976
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, CHARLES
STREET ADDRESS	326 N PAPAYA CIR
CITY-ST-ZIP	BAREFOOT BAY, FL 32976
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREELEY, BEVERLY
STREET ADDRESS	1009 W ROBIN DR
CITY-ST-ZIP	BAREFOOT BAY, FL 32976
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DACE, JAMES
STREET ADDRESS	813 S WATERWAY DR
CITY-ST-ZIP	BAREFOOT BAY, FL 32976

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James C. Dace *James C. Dace* **JAN 24 2000** **(501) 664-7744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)