

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90255 022 ****61.25

DOCUMENT # 729916

1. Entity Name

BAREFOOT BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

935 BAREFOOT BLVD
 P.O. BOX 779-113
 BAREFOOT BAY FL 32976

935 BAREFOOT BLVD
 P.O. BOX 779-113
 BAREFOOT BAY FL 32976

D0016571



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1586456

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD CAMHAM, FLORENCE**
 STREET ADDRESS **825 S. WATERWAY DR**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V VAN WORT, FRED**
 STREET ADDRESS **945 FRANGY PANT**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V BELLINGHAM, MARION**
 STREET ADDRESS **415 AVOVADO DR**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V SWEENEY, CHARLES**
 STREET ADDRESS **326 N. PAPAYA CIR**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE Change Addition
 NAME **D RACHAU, ROSIE**
 STREET ADDRESS **907 REDBUD DRIVE**
 CITY-ST-ZIP **BAREFOOT BAY FL 32876**

TITLE Delete
 NAME **SD GREELEY, BEVERLY**
 STREET ADDRESS **1009 W. ROBIN DR**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD DACE, JAMES**
 STREET ADDRESS **813 S. WATERWAY DR**
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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**

FEB. 7 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)