

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90044 020 \*\*\*\*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

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

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DACE, JAMES C**  
**1215 WATERWAY DRIVE**  
**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

**FEB. 23 2002**

**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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CAMHAM, FLORENCE</b>	
STREET ADDRESS	<b>825 S. WATERWAY DR</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>VAN WORT, FRED</b>	
STREET ADDRESS	<b>945 FRANGY PANT</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BELLINGHAM, MARION</b>	
STREET ADDRESS	<b>415 AVOVADO DR</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RACHAU, ROSIE</b>	
STREET ADDRESS	<b>907 REDBUD DR</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32876</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GREELEY, BEVERLY</b>	
STREET ADDRESS	<b>1009 W. ROBIN DR</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DACE, JAMES</b>	
STREET ADDRESS	<b>813 S. WATERWAY DR</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEELEY, ED</b>	
STREET ADDRESS	<b>101 HYRANGEA CT</b>	
CITY-ST-ZIP	<b>BAREFOOTBAY FL 32976</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN WORT, FRED</b>	
STREET ADDRESS	<b>945 FRANGI PANI</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIRONE, JAMES</b>	
STREET ADDRESS	<b>1165 BAREFOOT CIR</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RACHAU, ROSIE</b>	
STREET ADDRESS	<b>907 REDBUD DR</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL 32976</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DACE, JAMES</b>	
STREET ADDRESS	<b>1215 WATERWAY DRIVE</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY, FL 32976</b>	

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 Dace*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**FEB. 23 2002 (772) 604-7744**

Date

Daytime Phone #

CR2E037 (9/01)