

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 751322 (9)**

1. Corporation Name  
**THE BAREFOOT MAILMAN OWNER'S ASSOCIATION (ESTAB 1980), INCORPORATED**



Principal Place of Business: **1061 HILLSBORO MILE HILLSBORO BEACH FL 33062**  
Mailing Address: **1061 HILLSBORO MILE HILLSBORO BEACH FL 33062**

3. Date Incorporated or Qualified: **02/29/1980**  
3a. Date of Last Report: **01/25/1995**  
4. FEI Number: **59-2275874**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24  
Country: 25  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 27  
City & State: 28  
Zip: 29  
Country: 30

**9. Name and Address of Current Registered Agent**

**KONSTEN, JOSEPH  
1061 HILLSBORO MILE  
HILLSBORO BEACH FL 33062**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

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**

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when in State)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOLGER, VERA</b>	
STREET ADDRESS	<b>55 S.E. 14TH ST #112</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FINE, NORMAN</b>	
STREET ADDRESS	<b>7897 PALACIO DEL MAR DR</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE	<i>D. J. M. Konsten</i>	<input type="checkbox"/> DELETE
NAME	<i>1061 Hillsboro Mile</i>	
STREET ADDRESS	<i>Hillsboro Bch, FL 33062</i>	
CITY - ST - ZIP	<i>FL 33062</i>	
TITLE	<i>D Robert Meister</i>	<input type="checkbox"/> DELETE
NAME	<i>813 N BEL AIR DR.</i>	
STREET ADDRESS	<i>Plantation, FL 33317</i>	
CITY - ST - ZIP	<i>FL 33317</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder 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:** *Robert Meister* *1996*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: *03/20/96* Date Filing Fee: *01079-000*  
*\*\*\*\$1.25*

CR2E037 (12/95)