

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90112 003 \*\*\*\*61.25

DOCUMENT # 751322

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified		
21	26	02/29/1980		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number		
22	27	59-2275874		
City & State	City & State	Applied For		
23	28	Not Applicable		
Zip	Country	5. Certificate of Status Desired		
24	25	29	30	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing		Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees

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 SAME NAME NEW ADDRESS  
82 Street Address (P.O. Box Number is Not Acceptable)  
2301 SOUTH FEDERAL HIGHWAY  
83 F. L. DALE  
84 City FL 85 Zip Code 33316

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLGER, VERA	1.2 NAME	
STREET ADDRESS	55 S.E. 14TH ST #112	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, NORMAN	2.2 NAME	
STREET ADDRESS	7897 PALACIO DEL MAR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONSTEN, J.M.	3.2 NAME	
STREET ADDRESS	1061 HILLSBORO MILE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BCH FL 33062	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISTER, ROBERT	4.2 NAME	
STREET ADDRESS	813 N BEL AIR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)