

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0049539

04-11-2002 90024 017 \*\*\*\*\*61.25

**DOCUMENT # N00000006361**

1. Entity Name  
**BAREFOOT BAY PROPERTY OWNER'S ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**14510 VANDERBILT DR.**      **14510 VANDERBILT DR.**  
**NAPLES FL 34110**      **NAPLES FL 34110**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3727632**      Applied For  
**APPLIED FOR**      Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WARFEL, DAMON F**  
**14510 VANDERBILT DR.**  
**NAPLES FL 34110**

7. Name and Address of New Registered Agent

Name **R+P Property Management**  
Street Address (P.O. Box Number is Not Acceptable)  
**265 Airport Road S**  
City **Naples**      FL      Zip Code **34104**

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 *Damon Warfel*      DATE **3/27/02**

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WARFEL, DAMON F</b> <b>28221 MANGO DR.</b> <b>BONITA SPRINGS FL 34134-7510</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>WARFEL, NANETTE O</b> <b>28221 MANGO DR.</b> <b>BONITA SPRINGS FL 34134-7510</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GEORGE, DAN</b> <b>110 ST. EUSTACIOUS LN.</b> <b>BONITA SPRINGS FL 34134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Damon F. Warfel*      **SIGNATURE REQUIRED**      **DAMON F. WARFEL**      **3/1/02 941-592-7466**

Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (9/01)