FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:04

DOCUMENT # N01360 (9)

1. Corporation Name

BAREFOOT PELICAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 7486 NAPLES FL 33941-7486	PO BOX 7486 NAPLES FL 33941-7486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1984
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2383606 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BANTZ, THOMAS M.
% COLLIER FINANCIAL SYSTEMS
4985 E TAMIAMI TRL
NAPLES FL 33962

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	11 TITLE	P ☐ Change ☐ Addition
NAME	~~DURSO, JOSEPH~~	12 NAME	ALBERT HEIDER
STREET ADDRESS	~~54 FAIRVIEW RD~~	13 STREET ADDRESS	RT #1 BOX 390
CITY-ST-ZIP	~~CLARK NJ~~	14 CITY-ST-ZIP	LEESBURG VA
TITLE	~~P~~	21 TITLE	VPD ☐ Change ☐ Addition
NAME	~~COOKE, JAY L~~	22 NAME	MARGARET HILLOCK
STREET ADDRESS	~~2801 WARNER DR~~	23 STREET ADDRESS	23 DOMINION DRIVE
CITY-ST-ZIP	~~ORCHARD LAKE MI~~	24 CITY-ST-ZIP	MARLTON NJ
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CLARKSEN, JAMES	32 NAME	
STREET ADDRESS	153 MUIRFIELD CIR	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	
TITLE	T P	41 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, COLLIN	42 NAME	
STREET ADDRESS	776 EDGEMONT RUN	43 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	44 CITY-ST-ZIP	
TITLE	~~P~~	51 TITLE	D ☐ Change ☐ Addition
NAME	~~THOMAS, EUGENE B~~	52 NAME	RICHARD P O'MALLEY
STREET ADDRESS	~~254 HICKORY GROVE RD~~	53 STREET ADDRESS	9 KIRK STREET
CITY-ST-ZIP	~~BLOOMFIELD MI 48013~~	54 CITY-ST-ZIP	W ORANGE NJ
TITLE	~~P~~	61 TITLE	☐ Change ☐ Addition
NAME	~~THOMASMA, TOM JR.~~	62 NAME	
STREET ADDRESS	~~1500 COMMERCE PINES CIR~~	63 STREET ADDRESS	
CITY-ST-ZIP	~~WALLED LAKE MI 48088~~	64 CITY-ST-ZIP	

SIGN HERE

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)(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.

SIGNATURE: Collin C Schultz 4-10-95 813-597-4434
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0040787