

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N01360 (9)

1. Corporation Name

BAREFOOT PELICAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**PO BOX 7486
NAPLES FL 33941-7486**

Mailing Address

**PO BOX 7486
NAPLES FL 33941-7486**



3. Date Incorporated or Qualified
02/09/1984

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2383606

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

**BANTZ, THOMAS M.
% COLLIER FINANCIAL SYSTEMS
4985 E TAMiami TrL
NAPLES FL 33962**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITHE
NAME **T HEIDER, ALBERT** ☐ DELETE
STREET ADDRESS **RT 1 BOX 390**
CITY-ST-ZIP **LEESBERG VA**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITHE
NAME **VPD HILLOCK, MARGARET** ☐ DELETE
STREET ADDRESS **23 DOMINION DRIVE**
CITY-ST-ZIP **MARLTON NJ**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITHE
NAME **S CLARKSEN, JAMES** ☐ DELETE
STREET ADDRESS **153 MUIRFIELD CIR**
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITHE
NAME **T SCHULTZ, COLLIN** ☒ DELETE
STREET ADDRESS **776 EDMONT RUN**
CITY-ST-ZIP **BLOOMFIELD HILLS MI**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITHE
NAME **D O'MALLEY, RICHARD P** ☐ DELETE
STREET ADDRESS **9 KIRK STREET**
CITY-ST-ZIP **WEST ORANGE NJ**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITHE
NAME **D THOMASMA, TOM JR.** ☒ DELETE
STREET ADDRESS **1568 COMMERCE PINES DR.**
CITY-ST-ZIP **WALLED LAKE MI 48088**

6.1 TITLE ☐ Change ☐ 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 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:

Richard P. O'Malley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

Date

1-800-414-7323
Daytime Phone #

CR2E037 (12/95)