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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34101-7486

3. Date Incorporated or Qualified: 02/09/1984
3a. Date of Last Report: 04/15/1996

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)

4. FEI Number: 59-2383606 ☐ 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

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: Stephen P Hart
82 Street Address (P.O. Box Number is Not Acceptable): Collier Financial, Inc.
83: 4985 E Tamiami Tr
84 City: Naples FL 85 Zip Code: 34101

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] 3/26/97
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	T	☒ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	HEIDER, ALBERT		1.2 NAME	MARIE COYNE	
STREET ADDRESS	RT 1 BOX 390		1.3 STREET ADDRESS	8-D Robin St.	
CITY-ST-ZIP	LEESBERG VA		1.4 CITY-ST-ZIP	LAKEHURST N.J	
TITLE	VPD	☒ DELETE	2.1 TITLE	V.P.D.	☐ Change ☒ Addition
NAME	HILLOCK, MARGARET		2.2 NAME	Bob Burns	
STREET ADDRESS	23 DOMINION DRIVE		2.3 STREET ADDRESS	271 South Bay Dr # 256	
CITY-ST-ZIP	MARLTON NJ		2.4 CITY-ST-ZIP	NAPLES FL	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CLARKSEN, JAMES		3.2 NAME		
STREET ADDRESS	153 MUIRFIELD CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	O'MALLEY, RICHARD P		4.2 NAME	RICHARD P. O'MALLEY	
STREET ADDRESS	9 KIRK STREET		4.3 STREET ADDRESS	9 KIRK STREET	
CITY-ST-ZIP	WEST ORANGE NJ		4.4 CITY-ST-ZIP	West Orange N.J	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	LOUIS - MARRONE	
STREET ADDRESS			5.3 STREET ADDRESS	8351 ESTERO BLVD	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ft Myers FL.	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

[signature] 3/26/97