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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 33941-7486

3. Date Incorporated or Qualified: 02/09/1984

4. FEI Number: 59-2383606 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22: 271 Southbay DR	Suite, Apt. #, etc. 27:
City & State 23: NAPLES FL	City & State 28:
Zip 24: 34108 Country 25: U.SA	Zip 29: 34101 Country 30: U.S.A.

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HART, STEPHEN P COLLIER FINANCIAL INC 4985 E TAMIAMI TRAL NAPLES FL 34101	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 34113

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 _____ 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	TD	☐ DELETE	1.1 TITLE	TD	☒ Change ☐ Addition
NAME	COYNE, MARIE		1.2 NAME	MARIE COYNE	
STREET ADDRESS	8-D ROBIN ST		1.3 STREET ADDRESS	353 HOOVER AVE. Apt # 98	
CITY-ST-ZIP	LAKEHURST NJ		1.4 CITY-ST-ZIP	BLOOMFIELD N.J	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, BOB		2.2 NAME		
STREET ADDRESS	271 SOUTH BAY DR #256		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
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	PD	☐ DELETE	4.1 TITLE	P.D.	☒ Change ☐ Addition
NAME	O'MALLEY, RICHARD P		4.2 NAME	RICHARD P. O'MALLEY	
STREET ADDRESS	9 KIRK STREET		4.3 STREET ADDRESS	485 ALLENTOWN RD.	
CITY-ST-ZIP	WEST ORANGE NJ		4.4 CITY-ST-ZIP	PARSIPPANY N.J	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARRONE, LOUIS		5.2 NAME		
STREET ADDRESS	8351 OSTERO BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP		
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 (10/97)

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.

SIGNATURE: Richard P O'Malley 4-21-98 941-774-1142