FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90143 004 ****61.25

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DOCUMENT # N01360

1. Corporation Name

BAREFOOT PELICAN CONDOMINIUM ASSOCIATION, INC.

481891 - 90143 - 4

Principal Place of Business	Mailing Address
271 SOUTHBAY DR NAPLES FL 34108 US	PO BOX 7486 NAPLES FL 34101 US

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	3. Date Incorporated or Qualifed 02/09/1984 4. FEI Number 59-2383606 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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	Coyne, Marie	
STREET ADDRESS	353 HOOVER AVE, APT 98		1.3 STREET ADDRESS	354 Hoover Ave. #98	
CITY-ST-ZIP	BLOOMFIELD NJ		1.4 CITY-ST-ZIP	Bloomfield, NJ 07003	
TITLE	VPD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BURNS, BOB		2.2 NAME	Burns, Bob	
STREET ADDRESS	271 SOUTH BAY DR #256		2.3 STREET ADDRESS	271 Southbay Dr. #256	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples, FL 34108	
TITLE	S	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	CLARKSEN, JAMES		3.2 NAME	Hillock, Peggy	
STREET ADDRESS	153 MUIRFIELD CIR		3.3 STREET ADDRESS	3806 Vroom Dr.	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Bridgewater, NJ 08807	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'MALLEY, RICHARD P		4.2 NAME		
STREET ADDRESS	485 ALLENTOWN RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY NJ		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	MARRONE, LOUIS		5.2 NAME	D'Urso, Joe	
STREET ADDRESS	8351 OSTERO BLVD		5.3 STREET ADDRESS	147 Squan Beach Dr.	
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP	Manatoloking, NJ 08738	
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-27-99 941-597-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard P. O'Malley