

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90192 049 ****61.25

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DOCUMENT # N01360

1. Entity Name

BAREFOOT PELICAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

271 SOUTHBAY DR
 NAPLES FL 34108
 US

Mailing Address

PO BOX 7486
 NAPLES FL 34101
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2383606

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, STEPHEN P
COLLIER FINANCIAL INC
4985 E TAMiami TRAL
NAPLES FL 34101

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
 NAME **COYNE, MARIE**
 STREET ADDRESS **354 HOOVER AVE #98**
 CITY-ST-ZIP **BLOOMFIELD NJ 07003**

TITLE **VP** ☒ Change ☐ Addition
 NAME **BURNS, BOB**
 STREET ADDRESS **271 Southbay Dr #256**
 CITY-ST-ZIP **Naples, FL 34108**

TITLE **D** ☐ Delete
 NAME **BURNS, BOB**
 STREET ADDRESS **271 SOUTHBAY DR #256**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **SD** ☐ Change ☒ Addition
 NAME **LINDSEY, HILBERT**
 STREET ADDRESS **1075 SOUTH COUNTRY ROAD**
 CITY-ST-ZIP **FRENCH LICK, IN 47432**

TITLE **SD** ☐ Delete
 NAME **HILLOCK, PEGGY**
 STREET ADDRESS **3806 VROOM DR**
 CITY-ST-ZIP **BRIDGEWATER NK 08807**

TITLE **D** ☒ Change ☐ Addition
 NAME **HILLOCK, PEGGY**
 STREET ADDRESS **3806 VROOM DR**
 CITY-ST-ZIP **BRIDGEWATER, NK 08807**

TITLE **PD** ☐ Delete
 NAME **O'MALLEY, RICHARD P**
 STREET ADDRESS **485 ALLENTOWN RD**
 CITY-ST-ZIP **PARSIPPANY NJ**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **DURSO, JOE**
 STREET ADDRESS **147 SQUAN BCH**
 CITY-ST-ZIP **MENTOLOKING NJ 08738**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marie Coyne* **NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/2001

Date

Daytime Phone #

CR2E037 (10/00)