2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90297 013 ****61.25

DOCUMENT # N01360

1. Entity Name

BAREFOOT PELICAN CONDOMINIUM ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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 4935 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COYNE, MARIE 354 HOOVER AVE #98 BLOOMFIELD NJ 07003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HILLOCK, PEGGY 3806 VROOM DR BRIDGEWATER, NJ 08807 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BURNS, BOB 271 SOUTHBAY DR #256 NAPLES FL 34108	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOMMERS, ERV 2521 RAINBOW DR PLOVER, WI 54467 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILLOCK, PEGGY 3806 VROOM DR BRIDGEWATER NK 08807	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD O'MALLEY, RICHARD P 485 ALLENTOWN RD PARSIPPANY NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LINDSEY, HILBERT 6075 SOUTH COUNY ROAD FRENCH LICK IN 47432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Peggy Hillock SIGNATURE REQUIRED 4-10-02 239-597-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #