

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N35839 (2)

1. Corporation Name

SOUTH FLORIDA BAREFOOT CLUB, INC.



Principal Place of Business

3777 SATIN LEAF CT  
DELRAY BEACH FL 33445

Mailing Address

3777 SATIN LEAF CT  
DELRAY BEACH FL 33445

3. Date Incorporated or Qualified  
12/28/1989

3a. Date of Last Report  
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

ALDERMAN, ERIC P  
3777 SATIN LEAF CT  
DELRAY BEACH FL 33445

4. FEI Number  
NOT APPLICABLE

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME SALUSTRO, DARRYL  
STREET ADDRESS 4000 NORTH HILLS DR #38  
CITY-ST-ZIP HOLLYWOOD FL

TITLE VP ☐ DELETE  
NAME DEMARCO, JOHN  
STREET ADDRESS 891 NW 75TH TERR  
CITY-ST-ZIP PLANTATION FL

TITLE SD ☒ DELETE  
NAME RODRIGUEZ, MICHELLE  
STREET ADDRESS 1885 E TERRACE DR  
CITY-ST-ZIP LAKE WORTH FL

TITLE TD ☐ DELETE  
NAME ALDERMAN, ERIC P  
STREET ADDRESS 3777 SATIN LEAF CT  
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☐ Change ☒ Addition  
12 NAME CARLOS RODRIGUEZ  
13 STREET ADDRESS 1885 EAST TERRACE DRIVE  
14 CITY-ST-ZIP LAKE WORTH FL 33460

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE SD ☐ Change ☒ Addition  
32 NAME ARIFAH ARONSON  
33 STREET ADDRESS 1160 N.W. 19TH TERR  
34 CITY-ST-ZIP DELRAY BCH FL 33445

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Eric P. Alderman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ERIC P. ALDERMAN, TREASURER

Jan 22, 1996 407-0629

Date

Daytime Phone #

CR2E037 (12/95)