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FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

**3777 SATIN LEAF CT
DELRAY BEACH FL 33445****3777 SATIN LEAF CT
DELRAY BEACH FL 33445-1255**

3. Date Incorporated or Qualified

12/28/1989

3a. Date of Last Report

01/29/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **PD CARLOS RODRIGUEZ**
STREET ADDRESS **1885 EAST TERRACE DRIVE**
CITY-ST-ZIP **LAKE WORTH FL**1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **PD MIKE MERRIMAN**
1.3 STREET ADDRESS **125 SWAN PARKWAY EAST**
1.4 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**TITLE ☐ DELETE
NAME **VP DEMARCO, JOHN**
STREET ADDRESS **891 NW 75TH TERR**
CITY-ST-ZIP **PLANTATION FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ☒ DELETE
NAME **SD ARIFAH ARONSON**
STREET ADDRESS **1180 N.W. 19TH TERRACE**
CITY-ST-ZIP **DELRAY BEACH FL**3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **SD JOANN MERRIMAN**
3.3 STREET ADDRESS **125 SWAN PARKWAY EAST**
3.4 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**TITLE ☐ DELETE
NAME **TD ALDERMAN, ERIC P**
STREET ADDRESS **3777 SATIN LEAF CT**
CITY-ST-ZIP **DELRAY BEACH FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

ERIC PETER ALDERMAN, TD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 3, 1997

561-496-0629

Date

Daytime Phone # 0043227

CP2E037 (9/96)