

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

3777 SATIN LEAF CT
DELRAY BEACH FL 33445

3777 SATIN LEAF CT
DELRAY BEACH FL 33445

2. Principal Place of Business

2a. Mailing Address

21 1136 NE 17 WAY

26 1136 NE 17 WAY

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 FT LAUDERDALE, FL

City & State

28 FT LAUDERDALE, FL

24 Zip 33304

25 Country USA

29 Zip 33304

30 Country USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/28/1989

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

ED FINLEY

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

1136 NE 17 WAY

83

84 City

FT LAUDERDALE

FL

85 Zip Code

33304

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

Edward Finley, EDWARD FINLEY, TREASURER

7-17-98

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 MERRIMAN, MIKE
STREET ADDRESS 125 SWAN PARKWAY EAST
CITY-ST-ZIP ROYAL PALM BEACH FL

TITLE VP ☐ DELETE

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

TITLE SD ☐ DELETE

NAME MERRIMAN, JOAN
STREET ADDRESS 125 SWAN PARKWAY E
CITY-ST-ZIP ROYAL PLAM BEACH 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

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.

SIGNATURE: Edward Finley, EDWARD FINLEY

7/17/98

954 684 4877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 29 1998 8:00am
Secretary of State



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CR2E037 (5/98)