## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N40239 (8)

BAREFOOT BEACH CLUB II CONDOMINIUM ASSOCIATION,

INC. Mailing Address Principal Place of Business

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT CORP.

259 LELY BEACH BOULEVARD BONITA SPRINGS FL 33923

2. Principal Place of Business

1044 CASTELLO DRIVE

SUITE 206 NAPLES FL 33940 1044 CASTELLO DRIVE SUITE 206

NAPLES FL 33940

2a. Mailing Address

21			26		
	Suite Apt. #, etc.			Suite, Apt. #, etc.	
22			27		
	City & State			City & State	
23			28		
$\Box$	Zip	Country	$\top$	Zip	Country

29

Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032,

3. Date Incorporated or Qualified

10/08/1990

59-3050989

5. Certificate of Status Desired

6. Election Campaign Financing

☐ Yes ☐ No Florida Statutes

**FILED** 

Secretary of State

Apr 22 1996 8:00 am

10. Name and Address of New Registered Agent Name

4. FEI Number

Street Address (P.O. Box Number is Not Acceptable) R2 83 City

Zip Code

3a. Date of Last Report 04/06/1995

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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.

30

SIGNATURE _		alott. D	contained & tout considers	making when renel strail.	DATE		
	Signature Typed or printed name of registered agent and tills if applic OFFICERS AND DIRECTO		bigstered Apart signature required when reinstating?  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.		<b>E</b> VELETE	11 TITLE		☐ Change	Addition	
TITLE	SD	<b>A</b> gr		SD	ogo	9	
NAME	-SANDER; ROBERT		1.2 NAME	William Turner			
STREET ADDRESS	260 LELY BEACH BLVD. #401		1.3 STREET ADDRESS	263 Lely Beach Blvd #504 Naples, Florida			
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY - ST - ZIP	Naples, Florida		<b>47</b>	
TITLE	PD	DEFELE	2 1 TITLE	PD	☐ Change	Addition	
NAME	SMITH, EDWARD	•	2 2 NAME	Vic Rosenberger 260 Lely Beach Blvd #504			
STREET ACORESS	260 LELY BEACH BLVD., #301		2.3 STREET ADDRESS	260 Lely Beach Blvd #504			
CITY-ST-ZIP	BONITA SPGS. FL		2 4 CITY-ST-ZIP	Naples, Florida		<u></u>	
TITLE	TD	DELETE	31 TITLE		Change	Addition	
NAME	WINEMILLERY JAMES		32 NAME				
STREET ACDRESS	261 LELY BEACH BLVD. #PH3		33 STREET ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS FL		3 4. CITY - ST - ZIP				
TITLE		DELETE	4.1 TITLE		Change	Addition	
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4 4 CITY - ST - ZIP				
TITLE		DELETE	5 1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		DELETE	61 TITLE		Change	Addition	
NAME			6 2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

CITY-ST-ZIP 14. Ido 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.

6 4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR