

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90258 042 ****61.25

DOCUMENT # N40239 1. Entity Name BAREFOOT BEACH CLUB II CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 259 LELY BEACH BOULEVARD BONITA SPRINGS, FL 34134 US			Mailing Address 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103 US			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
				Country		
6. Name and Address of Current Registered Agent WHITE, E. AUSTIN ESQ. BANK OF AMERICA CENTER 4501 TAMiami TRAIL NORTH, SUITE 214 NAPLES, FL 34103-0000				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	FISCHER, STEVE			NAME		
STREET ADDRESS	261 BARFOOT BEACH BLVD. #502			STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP		
TITLE	PD ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	SCHWANTES, BILL			NAME		
STREET ADDRESS	261 LELY BEACH RD., #402			STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL			CITY-ST-ZIP		
TITLE	TD ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	DURKIN, RICHARD			NAME		
STREET ADDRESS	260 BAREFOOT BCH BLVD. 405			STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP		
TITLE	VD ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	SCHECK, LENNY			NAME		
STREET ADDRESS	263 LELY BEACH BLVD. #PH1			STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL			CITY-ST-ZIP		
TITLE	D ☐ Delete			TITLE	☐ Change ☐ Addition	
NAME	EWEN, ROBERT			NAME		
STREET ADDRESS	262 BAREFOOT BEACH BLVD #605			STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP		
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		



03192004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3050989

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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: *[Signature]* **TNDRSUBLE** **4-1-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #