

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90199 029 \*\*\*\*61.25

**DOCUMENT # N45636**

1. Entity Name  
**FRIENDS OF BAREFOOT BEACH PRESERVE,  
INCORPORATED**



Principal Place of Business  
**P O BOX 564  
BONITA SPRINGS, FL 34133 US**

Mailing Address  
**P O BOX 564  
BONITA SPRINGS, FL 34133 US**

**20062672**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**52-1755616**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWANTES, WILLIAM R  
WOJCIECHOWSKI, BOHDAN, W  
19500 EMERALD BAY VIEW  
ESTERO, FL 33928**

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)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 PD ☒ Delete  
NAME CROWE, TOM  
STREET ADDRESS 9843 TREASURE CLAY  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE PD ☐ Change ☒ Addition  
NAME Harold Saylor  
STREET ADDRESS 500 East Valley Road  
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE VPD ☒ Delete  
NAME ROBINSON, PAULA  
STREET ADDRESS 226 BAREFOOT BEACH BLVD.  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE VPD ☐ Change ☒ Addition  
NAME Jan Bachrach  
STREET ADDRESS 26789 McLaughlin Blvd.  
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE S ☐ Delete  
NAME WOSEIERHOWSKI, MARGOT  
STREET ADDRESS 19500 EMERALD BAY VIEW #101  
CITY-ST-ZIP ESTERO, FL 33928

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME WOSCIECHOWSKI, BOHDAN  
STREET ADDRESS 19500 EMERALD BAY VIEW #101  
CITY-ST-ZIP ESTERO, FL 33928

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ATD ☐ Delete  
NAME CALLAWAY, SHARON  
STREET ADDRESS 23720 STONEYRIVER PLACE  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE ☒ Change ☐ Addition  
NAME Sharon Gallaway  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Sharon A. Gallaway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/05  
Date

239/945-9844  
Daytime Phone #