SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 JUL 26 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48856** **(1)**

1. Corporation Name
BAREFOOT BEACH CLUB IV CONDOMINIUM ASSOCIATION, INC.

Mailing Address	Principal Place of Business
P O BOX 3433	P O BOX 3433
TAMPA FL 33601	TAMPA FL 33601

If above addresses are incorrect in any way, line through incorrect information and enter correct information below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1992
3a. Date of Last Report: 06/10/1993

2. Mailing Address
21: 601 BAYSHORE BLVD
22 Suite, Apt. #, etc.: Suite 960
23 City & State: TAMPA, FL
24 Zip: 33606
25 Country:

2a. Principal Place of Business
26: ← SAME
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: ~~APPLIED FOR~~ 59-3182840 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KUSSNER, STEPHEN L.
SUITE 2100, ONE TAMPA CITY CENTER BLDG.
TAMPA FL 33601

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508 or 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 607.0505 or 617.0505, Florida Statutes.

SIGNATURE: (Signature, typed or printed name of registered agent, and date signed) (New Registered Agent's signature, if changing Registered Agent; and date)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12.	
11 TITLE	D/P	11 TITLE	D/P
12 NAME	OELSCHLEAGER, EDWARD R.	12 NAME	OELSCHLAEGER, EDWARD R.
13 STREET ADDRESS	511 W. BAY STREET, #302	13 STREET ADDRESS	601 BAYSHORE BLVD., #960
14 CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	TAMPA, FL 33606
21 TITLE	D/V	21 TITLE	D/V
22 NAME	TALLMAN, JAMES A.	22 NAME	TALLMAN, JAMES A.
23 STREET ADDRESS	511 W. BAY STREET, #302	23 STREET ADDRESS	601 BAYSHORE BLVD., #960
24 CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	TAMPA, FL 33606
31 TITLE	D/S/T	31 TITLE	D/S/T
32 NAME	KIRKBRIDE, BONNIE	32 NAME	KIRKBRIDE, BONNIE
33 STREET ADDRESS	511 W. BAY STREET, #302	33 STREET ADDRESS	601 BAYSHORE BLVD., #960
34 CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	TAMPA, FL 33606
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE	Per phone conversation with Dana on 11/2-3/94, address changed BBZ	61 TITLE	BBZ
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07, 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 be 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 607 or 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] BONNIE K. KIRKBRIDE SECRETARY/TREASURER 7-20-94 (813)251-4868
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

01(0370