FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

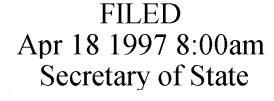
SIGNATURE:

N48856

(1)

BAREFOOT BEACH CLUB IV CONDOMINIUM ASSOCIATION. INC.

Principal Place of Business Mailing Address 1044 CASTELLO DR. 1044 CASTELLO DR. SUITE 260 NAPLES FL 33940 SUITE 260 NAPLES FL 34103-8801 2. Principal Place of Business 2a. Mailing Address





3a. Date of Last Report 04/22/1996

Daytime Phone # 0068981

3. Date Incorporated or Qualified 05/11/1992

2 Principal F	Place of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number		TIA	nlied For
· .	lace of Edailless	,			59-3182840		p	oplied For of Applicable
21 Suite Apt	# 616	Suite, Apt. #, etc.						
Suite, Apt. #, etc. 22		27			5. Certificate of Status Desired Fee Required			
City & State City & State					6. Election Campaign Financing		\$5.00	May Be
23	28				Trust Fund Contribution		Added t	lo Fees
Zip 24	Country Zip Cou			untry 8. This corporation has fiability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
	9. Name and Address of Currer		1221-1		10. Name and Address of New F	registered A	gent	
			81	Name				
SOUTHWEST PROPERTY MANAGEMENT CORP.								
1044 CASTELLO DR.				82 Street Address (P.O. Box Number is Not Acceptable)				
				63				
SUITE 206				<u> </u>				
NAPLES FL 33940				City		FL	85 Zip (Code
				L			<u> </u>	
11. Pursuant	to the provisions of Sections 617,050 registered agent, or both, in the State	i2 and 617.1508, Florida Statu of Florida, Such change was	iles, the abov	e-named corp v the carnorati	poration submits this statement for the	purpose of	changing iti	s registered
agent. I a	am familiar with, and accept the oblig	ations of, Section 617.0503, F	lorida Statute	S.	ion's board of directors. I hereby acc	obt the abbe	mmont as	TOBISIONEO
SIGNATURE								
	Signature, typed or printed name of registered ago	ent and title it applicable. (NO	TE: Registered Ag	ent signatura requir	ed when reinstating)	DATE		
12,		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	PD	☐ DELETE	1,1 TITLE	1			☐ Change	Addition
NAME	FRANK KRISTOFF		1.2 NAME	ĺ				
STREET ADDRESS	s 266 LELY BEACH BLVD #501		1.3 STREE	ADDRESS				
CITY-ST-ZIP	NAPLES FL		1.4 CITY -	ST-ZIP				
TITLE	-VD-	DELETE	2.1 TITLE		STD		Change	Addition
NAME	BOB MANSFIELD		2.2 NAME		2			
STREET ADDRESS	266 LELY BEACH BLVD #40	1	2.3 STREE	ADDRESS				İ
CITY-ST-ZIP	NAPLES FL	-	2.4 CITY-					I
TITLE	<-STD	☐ DELETE	3.1 TITLE		Δ,		Change	Addition
NAME	SCOTT STRICKLAND		3.2 NAME	1 -		,	Mr. analis	
	266 LELY BEACH BLVD #20	1	1					
STREET ADDRESS			•	ADDRESS				
CHY-ST-ZIP	NAPLES FL	Llouete	3.4 CITY-	ST-ZIP			110	11.000
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME	1		4. 2 NAME	-				
STREET ADDRESS	[4.3 STREE	ADDRESS				
CITY-ST-ZIP		···	4.4 CiTY-:	ST-ZIP				
TITLE	1	☐ DELETE	5.1 TITLE				Change	Addition
NAME]		5.2 NAME	1				
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE	1	☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME	1				
STREET ADDRESS	1		63 STREE	ADDRESS				
CITY-ST-ZIP			6.4 CITY	Į .				ļ
	by certify that the information supplie	d with this filing does not qua			in Section 119.07(3)(i), Florida Statu	tes. I further	certify that	the
informati	on indicated on this annual report or a	supplemental annual report is	true and acc	urate and that	in Section 119.07(3)(i), Florida Statu my signature shall have the same legal as required by Chapter 977, Florida	gal effect as	if made uni	der oath; that
appears	in Block 12 or Block 13 if changed, c	r on an attachment with an ac	idress.		ייי לעליין לי טיייטייטייטייטייטייטייטייטיי		in a section !!	

SICHALIHE BE**GURED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR