

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48856

1. Entity Name

BAREFOOT BEACH CLUB IV CONDOMINIUM ASSOCIATION.

Principal Place of Business

1044 CASTELLO DR.
SUITE 260
NAPLES FL 34103
US

Mailing Address

1044 CASTELLO DR.
SUITE 260
NAPLES FL 34103-8901
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3182840

Applied For

Not Applicable

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

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DR.
SUITE 206
NAPLES FL 34103

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME FRANK KRISTOFF
STREET ADDRESS 266 LELY BEACH BLVD #501
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☒ Addition
NAME Y/D Del Medico, Vince
STREET ADDRESS 266 Barefoot Beach Blvd. #201
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE VPD ☐ Delete
NAME BIANCHI, MARCO
STREET ADDRESS 264 LELY BEACH BLVD, #601
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☒ Change ☐ Addition
NAME P/D
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☒ Delete
NAME SCOTT STRICKLAND
STREET ADDRESS 266 LELY BEACH BLVD #204
CITY-ST-ZIP NAPLES FL

TITLE ☐ Change ☒ Addition
NAME S/D Duran, Noel
STREET ADDRESS 264 Barefoot Beach Blvd. #203
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)