2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # N48856** 04-26-2004 90480 026 ****61.25 BAREFOOT BEACH CLUB IV CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 94066025 1044 CASTELLO DR. 1044 CASTELLO DR. **SUITE 260** SUITE 260 NAPLES, FL 34103 NAPLES, FL 34103 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-3182840 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired ·Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE, E. AUSTIN ESQ. Street Address (P.O. Box Number is Not Acceptable) BANK OF AMERICA CENTER 4501 TAMIAMI TRAIL NORTH, SUITE 214 NAPLES, FL 34103-0000 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) ÔÂĪE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VD TITLE ☐ Delete TITLE NAME DEL MEDICO, VINCE NAME 266 BAREFOOT BEACH BLVD #201 STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL 34134 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE BIANCHI, MARCO NAME NAME 264 BARSGOT BEACH BLUD #60/ 264 LELY BEACH BLVD, #601. STREET ADDRESS STREET ADORESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP STD ☐ Change ☐ Addition Delete TITLE TITLE DURAN, NOEL NAME STREET ADDRESS 264 BAREFOOT BEACH BLVD #203 STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP TiTI F Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

MARCO B. Bianch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED