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FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N50557 (0)**

1. Corporation Name

BAREFOOT BAY COMMUNITY FUND, INC.

Principal Place of Business

Mailing Address

**625 BAREFOOT BLVD
BAREFOOT BAY FT 32976
US****P O BOX 779 186
BAREFOOT BAY FL 32976-8186
US**3. Date Incorporated or Qualified
08/19/19923a. Date of Last Report
04/22/1996

4. FEI Number

59-3139673

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRESE, GARY B.
930 S HARBOR CITY BLVD
STE 505
MELBOURNE FL 32901**

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 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PE	<input type="checkbox"/> DELETE
NAME	MEYERSON, DOROTHY L.	
STREET ADDRESS	961 FRANGI PANI	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KROM, BENJAMIN E.	
STREET ADDRESS	1324 N OLEANDER	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SNELLBAKER, H. JOYCE	
STREET ADDRESS	601 E OLEANDER CIR	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THIBIDEAU, ROBERT M	
STREET ADDRESS	1007 E BAREFOOT CIRCLE	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CANHAM, FLORENCE A	
STREET ADDRESS	825 S WATERWAY	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARROLL, LEO F	
STREET ADDRESS	916 DOGWOOD DRIVE	
CITY-ST-ZIP	BAREFOOT BAY FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marilyn O'Keefe	
1.3 STREET ADDRESS	1201 Areca Drive	
1.4 CITY-ST-ZIP	Barefoot Bay FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gene Weschler	
2.3 STREET ADDRESS	1023 Royal Palm Drive	
2.4 CITY-ST-ZIP	Barefoot Bay FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leo F. Carroll**2-14-97 (561) 664-0071**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0021058**

CR2E037 (9/96)