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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50557

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## BAREFOOT BAY COMMUNITY FUND, INC.

Principal Place of Business  Mailing Address BARFOOT BLVD BARFOOT BLV FT 32976 US  2. Principal Place of Business  2. Mailing Address  2. Mailing Address  2. Mailing Address  3. Data Incorporated or Qualified Var Place of Business  2. Mailing Address  3. Data Incorporated or Qualified Var Place of Business  2. Mailing Address  3. Data Incorporated or Qualified Var Place of Business  3. Data Incorporated or Qualified Var Place of Business  3. Data Incorporated or Qualified Var Place of Business  3. Data Incorporated or Qualified Var Place of Business  4. FET Numbers  5. Data Incorporated or Qualified Var Place of Business  4. FET Numbers  5. Data Incorporated or Qualified Var Place of Business  5. Data Incorporated or Qualified Var Place of Business  5. Data Incorporated or Qualified Var Place of Place Incorporation Address of Status Desired Place Incorporation Incorporated or Outsified Series Incorporation Incorporated or Outsified Series Incorporation Incorporated or Qualified Var Place Incorporation Incorporated or Qualified Var Place Incorporation Incorporated or Qualified Var Place Incorporation Incorporated or Qualified Series Incorporation Incorporated Incorporation Incorporation Incorporated Incorporation I
BARÉPOT BAY FI 32976 BY REPORT BAY FI 32976 BY BARÉPOT BAY FI 32976 BY FI 3297
2. Principal Place of Business
Suite, Apt. #, etc.  City & State  Country  Suite Country  S
Suite, Apt. #, etc.    22
City & State   City
28   28   28   28   Trust Fund Contribution   Added to Fees
Zip Country Zip Country Zip Country 2 29 30
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  82. Street Address (P.O. Box Number is Not Acceptable)  83. Street Address (P.O. Box Number is Not Acceptable)  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, in and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature hyped or printed name of registered agent and vite if applicable. (NOTE Registered Agent signature required when minimisting)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D Change Addition  MARTILYN O' Keefe  14.017-ST-27P  BAREFOOT BAY FL  15.11TILE  D Change Addition  Change Addition  15.11TILE  D Change Addition  16.11TILE  D Change Addition  17.11TILE  D Change Addition  18.11TILE  D Chang
9. Name and Address of Current Registered Agent  FRESE, GARY B. 930 S HARBOR CITY BLVD STE 505 MELBOURNE FL 32901  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 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 protect name of registered agent and stile if applicable.  MEYERSON, DOROTHY L.  12.  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PE  MEYERSON, DOROTHY L.  12. NAME  MEYERSON, DOROTHY L.  12. AGITY-ST-ZP  BAREFOOT BAY FL  14. CITY-ST-ZP  BAREFOOT BAY FL  14. CITY-ST-ZP  BAREFOOT BAY FL  14. CITY-ST-ZP  BAREFOOT BAY FL  10. Change  Addition  KROM, BENJAMIN E.  13. STREET ADDRESS  12. TITLE  D  Change  Addition  CHANGE  CITY-ST-ZP  BAREFOOT BAY FL  14. CITY-ST-ZP  BAREFOOT BAY FL  14. CITY-ST-ZP  BAREFOOT BAY FL  16. Change  Addition  CHANGE  CITY-ST-ZP  BAREFOOT BAY FL  17. CHANGE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. NAME  KROM, BENJAMIN E.  19. Change  Addition  CHANGE  CITY-ST-ZP  BAREFOOT BAY FL  10. Change  Addition  CHANGE  CITY-ST-ZP  BAREFOOT BAY FL  10. Change  Addition  CHANGE  CHANGE BAY FL  Change  Addition  CHANGE  CHANGE BAY FL  Change  Addition  CHANGE  CHANGE CHANGE CONNECTED CONNECTED CHANGE  CHANGE CHANGE CONNECTED CO
FRESE, GARY B.  930 S HARBOR CITY BLVD  STE 505 MELBOURNE FL 32901  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 agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signat. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signat. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signat. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signat. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signat. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signat. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signat. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signat. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signat. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  In ITILE PE DELETE 11.1 D Change Addition  STREET ADDRESS 12.2 NO LEANDER 13.2 TREET ADDRESS 12.2 NO LEANDER 13.2 TREET ADDRESS 12.2 NO LEANDER 13.2 TREET ADDRESS 10.2 Royal Palm Drive 2.4 Office or registered copen, or registered or regi
STE 505 MELBOURNE FL 32901  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, 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, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature: typed or printed name of registered agent and stile if applicable. (NOTE Registered Agent storators required when reinstating):   DATE
STE 505 MELBOURNE FL 32901  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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE Signature typed or prelied name of registered agent and title il applicable. (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PE D Change Addition  MEYERSON, DOROTHY L.  12 NAME MARY INTEREST ADDRESS  961 FRANGI PANI  13. STREET ADDRESS  961 FRANGI PANI  14. CITY-ST-2P  BAREFOOT BAY FL  14. CITY-ST-2P  BAREFOOT BAY FL  14. CITY-ST-2P  BAREFOOT BAY FL  15. Change Addition  16. Change Addition  17. Change Addition  18. Company Change Addition  19. Chang
MELBOURNE FL 32901  84 City
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SIGNATURE SIgnature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when rainelating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PE D Change Addition  NAME MEYERSON, DOROTHY L. 12. NAME MEYERSON, DOROTHY L. 13. STREET ADDRESS 12. OFFICERS AND DIRECTORS IN 12  TITLE T LACITY-ST-ZIP BAREFOOT BAY FL 14. CITY-ST-ZIP BAREFOOT BAY FL 14. CITY-ST-ZIP BAREFOOT BAY FL 17. DELETE 17. DELETE 18. STREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE D Change Addition  CHANGE CITY-ST-ZIP BAREFOOT BAY FL 14. CITY-ST-ZIP BAREFOOT BAY FL 15. TITLE D Change Addition  CITY-ST-ZIP BAREFOOT BAY FL 16. Change Addition  CHANGE CITY-ST-ZIP BAREFOOT BAY FL 17. DELETE 18. DELETE 19. Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D Change Addition 19. Addition 19. Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D Change Addition 19. Addition 19. Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D Change Addition 19. Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D Change Addition 19. Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D Change Addition 19. Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D Change Addition 19. Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D Change Addition 19. Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D Change Addition 19. Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D Change Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D Change Addition 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D Change ADDITIONS/CHANGES TO OFFIC
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TITLE PE D Change Addition  MAME MEYERSON, DOROTHY L.  STREET ADDRESS P61 FRANGI PANI 1.3 STREET ADDRESS 1201 Areca Drive  CITY-ST-ZIP BAREFOOT BAY FL 1.4 CITY-ST-ZIP Barefoot Bay FL  TITLE T DELETE 2.1 TITLE D Change Addition  MAME KROM, BENJAMIN E.  STREET ADDRESS 1324 N OLEANDER 2.3 STREET ADDRESS 1023 Royal Palm Drive  CITY-SI-ZIP BAREFOOT BAY FL 2.4 CITY-ST-ZIP BAREFOOT BAY FL  TITLE VP DELETE 3.1 TITLE  VP DELETE 3.1 TITLE 3.1 TITLE BAREFOOT BAY FL  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
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STREET ADDRESS CITY-ST-ZIP BAREFOOT BAY FL  1.3 STREET ADDRESS CITY-ST-ZIP BAREFOOT BAY FL  1.4 CITY-ST-ZIP BAREFOOT BAY FL  1.5 TITLE  TO DELETE  2.1 TITLE  D D DELETE CITY-ST-ZIP CITY-ST-ZIP BAREFOOT BAY FL  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP BAREFOOT BAY FL  TITLE  VP DELETE  3.1 TITLE  SNELLBAKER, H. JOYCE  3.2 NAME  3.2 NAME
CITY-ST-ZIP BAREFOOT BAY FL  TILLE T NAME KROM, BENJAMIN E. STREET ADDRESS CITY-ST-ZIP BAREFOOT BAY FL  1.4 CITY-ST-ZIP D Change C Addition C COMPANDER CITY-ST-ZIP BAREFOOT BAY FL  1.4 CITY-ST-ZIP D Change C COMPANDER C CITY-ST-ZIP C CANAME C COMPANDER C C C C C C C C C C C C C C C C C C C
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CITY-ST-ZIP BAREFOOT BAY FL 34.CITY-ST-ZIP
TITLE D Change Addition
NAME THIBIDEAU, ROBERT M 4.2 NAME
STREET ADDRESS 1007 E BAREFOOT CIRCLE 4.3 STREET ADDRESS
CITY-ST-ZIP         BAREFOOT BAY FL         44 CITY-ST-ZIP           TITLE         PD         DELETE         5.1 TITLE         Change         Addition
TITLE PD L] DELETE 5.1 TITLE L] Change L] Addition NAME CANHAM, FLORENCE A 52 NAME
STREET ADDRESS 825 S WATERWAY 53 STREET ADDRESS
CITY-ST-ZIP BAREFOOT BAY FL 54 CITY-ST-ZIP
TITLE SD DELETE 6.1 TITLE Change Addition
NAME CARROLL, LEO F 62 NAME
STREET ADDRESS 916 DOGWOOD DRIVE 63 STREET ADDRESS
CITY-ST-ZIP BAREFOOT BAY FL 64 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:

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2-14-97 (561)664-0071

Daylima Phone # .aaa.ca

**FILED** 

Feb 21 1997 8:00am

Secretary of State

CR2E037 (9/