

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90189 005 \*\*\*\*61.25

0076764

**DOCUMENT # N50557**

1. Corporation Name

**BAREFOOT BAY COMMUNITY FUND, INC.**

Principal Place of Business

625 BAREFOOT BLVD  
BAREFOOT BAY FT 32976  
US

Mailing Address

P O BOX 779 186  
BAREFOOT BAY FL 32976  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

**08/19/1992**

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**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME **D O'KEEFE, MARILYN**  
STREET ADDRESS **1201 ARECA DR**  
CITY-ST-ZIP **BAREFOOT BAY FL 32906**

TITLE ☐ DELETE

NAME **D WESCHLER, EUGENE**  
STREET ADDRESS **1023 ROYAL PALM DR**  
CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE ☒ DELETE

NAME **D GRESCH, KEVIN**  
STREET ADDRESS **908 SEQUOIA ST**  
CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITLE ☐ DELETE

NAME **PD CANHAM, FLORENCE A**  
STREET ADDRESS **825 S WATERWAY**  
CITY-ST-ZIP **BAREFOOT BAY FL**

TITLE ☐ DELETE

NAME **SD CARROLL, LEO F**  
STREET ADDRESS **916 DOGWOOD DRIVE**  
CITY-ST-ZIP **BAREFOOT BAY FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: **Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

1/20/99

561 664-1714