

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90087 024 \*\*\*\*61.25

**DOCUMENT # N50557**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3139673**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WESCHLER, EUGENE**  
**1023 ROYAL PALM DR**  
**BAREFOOT BAY FL 32976**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Eugene Weschler*

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME O'KEEFE, MARILYN  
STREET ADDRESS 1201 ARECA DR  
CITY-ST-ZIP BAREFOOT BAY FL 32976

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

TITLE T ☐ Delete  
NAME WESCHLER, EUGENE  
STREET ADDRESS 1023 ROYAL PALM DR  
CITY-ST-ZIP BAREFOOT BAY FL 32976

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

TITLE PD ☒ Delete  
NAME CANHAM, FLORENCE A  
STREET ADDRESS 1239 WATERWAY DRIVE  
CITY-ST-ZIP SEBASTIAN FL 32976

TITLE P D ☒ Change ☐ Addition  
NAME AROLYN HERSEY  
STREET ADDRESS 1068 BAREFOOT BAY  
CITY-ST-ZIP BAREFOOT BAY, FL 32976

TITLE D ☐ Delete  
NAME CARROLL, LEO F  
STREET ADDRESS 916 DOGWOOD DRIVE  
CITY-ST-ZIP BAREFOOT BAY FL

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

TITLE VP ☐ Delete  
NAME SNELLBAKER, H J  
STREET ADDRESS 601 OLEANDER CIRCLE  
CITY-ST-ZIP BAREFOOT BAY FL 32976

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME PREIKSCHAT BOB  
STREET ADDRESS 604 AMARYLLIS DR.  
CITY-ST-ZIP BAREFOOT BAY FL 32976

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 another like empowered.

SIGNATURE:

*Eugene Weschler* EUGENE WESCHLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #