

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90992 014 \*\*\*\*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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 **Harriet Dorrell** ☐ Change ☐ Addition  
NAME **900 Bougainvillea Cir.**  
STREET ADDRESS **Barefoot Bay, Fl. 32976**  
CITY-ST-ZIP **Secretary**

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

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

TITLE **TD** ☐ Delete  
NAME **KLINE, ALFRED**  
STREET ADDRESS **1019 ROYAL PALM DR**  
CITY-ST-ZIP **BAREFOOT BAY FL 32976**

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

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

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

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

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

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

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

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.

SIGNATURE:

*Harriet Dorrell* **Harriet Dorrell** 4/5/03 472-664-1604

CR2E037 (10/02)