

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001376

FILED  
Jan 11, 2008  
Secretary of State

**Entity Name:** BAREFOOT BOAT CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5025 BONITA BEACH ROAD  
BONITA SPRINGS, FL 33923

**New Principal Place of Business:**

**Current Mailing Address:**

7345 DAVIS BLVD.  
2  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 65-0673914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRAUS & BALLENGER, PA  
1072 GOODLETTE RD NORTH  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GEERLINGS, HOWARD  
Address: 545 LAKEWOOD ROAD  
City-St-Zip: TRAVERSE CITY, MI 49684

Title: PD ( ) Delete  
Name: EDELBROCK, K  
Address: 6345 CONSTITUTION DR  
City-St-Zip: FORT WAYNE, IN 46804

Title: D ( ) Delete  
Name: DORFMAN, JACK  
Address: 815 BENT WATER CIRCLE  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: KNIFF, STUART  
Address: 3377 ENGLISH HILLS DR  
City-St-Zip: GRAND RAPIDS, MI 49504

Title: D ( ) Delete  
Name: PAXIMADIS, JOHN B  
Address: 58 SOUTHPORT COVE  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK DORFMAN

D

01/11/2008

Electronic Signature of Signing Officer or Director

Date