

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002862

1. Entity Name

BAYSIDE AT BAREFOOT BEACH HOMEOWNERS ASSOCIATION

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90017 009 ****61.25

Principal Place of Business

Mailing Address

222 BAREFOOT BEACH BLVD.
BONITA SPRINGS FL 34134

222 BAREFOOT BEACH BLVD.
BONITA SPRINGS FL 34134-8505



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0933376

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SWALM, MURRELL & SAMOUCÉ, P.A.
2375 TAMiami TRAIL N., SUITE 308
NAPLES FL 34103

Name

Samouce, Murrell & Francoeur, P.A.

Street Address (P.O. Box Number is Not Acceptable)

800 Laurel Oak Drive, Suite 300

City

Naples

FL

Zip Code
34108

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.

SIGNATURE

Robert E. Murrell

2/25/00

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T SECRETARY	<input type="checkbox"/> Delete
NAME	KELLOGG, GEORGE	
STREET ADDRESS	30269 COUNTY ROAD 16W	
CITY-ST-ZIP	ELKHART IN 46516	
TITLE	T VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ROBINSON, SAM	
STREET ADDRESS	226 BAREFOOT BEACH BLVD.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	T PRESIDENT	<input type="checkbox"/> Delete
NAME	NEHER, JOHN	
STREET ADDRESS	222 BAREFOOT BEACH BLVD.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

JOHN NEHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2000

541 9472360

Daytime Phone #

CR2E037 (9/99)