

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006105

FILED
Jan 07, 2009
Secretary of State

Entity Name: BAREFOOT BEACH RESORT OF INDIAN SHORES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19417 GULF BOULEVARD
INDIAN SHORES, FL 33785

New Principal Place of Business:

Current Mailing Address:

4030 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 20-3096863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, KEVIN T
22 S LINKS AVE STE 301
SARASOTA, FL 34276 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: P () Delete
Name: JOLLY, CARRIE
Address: 4030 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: V () Delete
Name: GIANFILIPPO, STEVE
Address: 4030 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: ST () Delete
Name: PRIAKOS, BILL
Address: 4030 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: STEPANIS, CHRIS
Address: 4030 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: ST (X) Change () Addition
Name: SPENCE, JUDSON
Address: 4030 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

Title: P (X) Change () Addition
Name: PRIAKOS, BILL
Address: 4030 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

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: BILL PRIAKOS

P

01/07/2009

Electronic Signature of Signing Officer or Director

Date