

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 12, 2006  
Secretary of State**

DOCUMENT# N95000003181

Entity Name: LELY BAREFOOT BEACH DOCK ASSOCIATION, INC.

**Current Principal Place of Business:**

#1 BAREFOOT BEACH BLVD  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

#1 BAREFOOT BEACH BLVD  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 65-0787888      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COOPER, NANCY D  
#1 BAREFOOT BEACH BLVD  
BONITA SPRINGS, FL 34134      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: HERRMANN, MARK  
Address: 104 INAGUA LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S      ( ) Delete  
Name: WINDFELDT, GENE  
Address: 109 PELIPE LANE  
City-St-Zip: MIAMI, FL 33134

Title: V      ( ) Delete  
Name: COOKE, JOHN  
Address: 243 BAREFOOT BEACH BLVD  
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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK HERRMANN

P

04/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date