

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90075 034 ***158.75

DOCUMENT # 273749

1. Entity Name
BAREFOOT BAY DEVELOPMENT CORPORATION



Principal Place of Business
**201 ALHAMBRA CIR
12TH FLR
CORAL GABLES, FL 33134**

Mailing Address
**201 ALHAMBRA CIR
12TH FLR
CORAL GABLES, FL 33134**

94068167



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1039425

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KERRIGAN, JUANITA I.
201 ALHAMBRA CIR
12TH FLR
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GETMAN, DENNIS J.
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	PD
NAME	MCNAIRY, CHARLES
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SD
NAME	KERRIGAN, JUANITA I.
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	RAMA, MICHAEL
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: *Juanita I. Kerrigan, Secretary* **4/23/04 (305) 442-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JUANITA I. KERRIGAN