

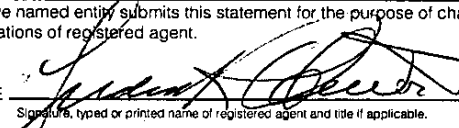



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

245.00

<b>DOCUMENT # 729916</b> 1. Entity Name <b>BAREFOOT BAY HOMEOWNERS ASSOCIATION, INC.</b>						FILED 05 NOV -9 AM 9:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 935 BAREFOOT BLVD P.O. BOX 779-113 BAREFOOT BAY, FL 32976		Mailing Address 935 BAREFOOT BLVD P.O. BOX 779-113 BAREFOOT BAY, FL 32976							
2. Principal Place of Business		3. Mailing Address				10212005 REIN-NP CR2E099 (6/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number 59-1586456			
City & State		City & State				Applied For Not Applicable			
Zip		Country		Zip		Country			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DACE, JAMES C 1215 WATERWAY DRIVE BAREFOOT BAY, FL 32976				Name <del>VAN WORT, FREDERICK R.</del> Street Address (P.O. Box Number is Not Acceptable) 943 FRANGI PANI DRIVE City <u>BAREFOOT BAY</u> FL Zip Code <u>32976</u>					
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 				(NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50				Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEE, DICK 410 KUMQUAT DR BAREFOOT BAY, FL 32976	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT BJ-05			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAN WORT, FRED 943 FRANGI PANI BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN WORT, FREDERICK 943 FRANGI PANI DR. BAREFOOT, BAY, FL 32976			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEGLEIN, WILMA 1204 CHIPEWA DR BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, GABRIELLE 715 LANTANA DR. BAREFOOT BAY, FL 32976			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESCHLER, EUGENE 1023 ROYAL PALM DR BAREFOOT BAY, FL 32876	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800061303328 11/09/05--01062--003 **245.00			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREELEY, BEVERLY 1009 W. ROBIN DR BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARDS, LILLIAN 554 TARDON DR. BAREFOOT BAY, FL 32976			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DACE, JAMES 1215 WATERWAY DRIVE BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROUSE, LOUISE 809 SAPODILLA DR BAREFOOT BAY, FL 32976			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
								Daytime Phone # 