


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

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 729916
1. Entity Name
BAREFOOT BAY HOMEOWNERS ASSOCIATION, INC.



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
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-NP CRZE037 (11/05)

4. FEI Number 59-1586456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**VAN WORT, FREDERICK
943 FRANGI PANI DRIVE
BAREFOOT BAY, FL 32976**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEE, DICK 410 KUMQUAT DR BAREFOOT BAY, FL 32976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN WORT, FREDRICK 943 FRANGI PANI BAREFOOT BAY, FL 32976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO DAVIS, GABRIELLE 715 LANTANA DR BAREFOOT BAY, FL 32976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESCHLER, EUGENE 1023 ROYAL PALM DR BAREFOOT BAY, FL 32676
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO RICHARDS, LILLIAN 554 TARDON DR BAREFOOT BAY, FL 32976
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROUSE, LOUISE 808 SAPODILLA DR BAREFOOT BAY, FL 32976

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02/22/06-80030-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Frederick R. Van Wort* **FREDERICK R. VAN WORT** *2/8/2006* **772-664-1172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #