


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90055 032 ****61.25

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

40021633



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02132007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-1586456

Applied For
 Not Applicable

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

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 *Frederick Van Wort* **FREDERICK VAN WORT** **2/17/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. 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	TD VAN WORT, FREDRICK 943 FRANGI PANI BAREFOOT BAY, FL 32976	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, GABRIELLE 715 LANTANA DR BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESCHLER, EUGENE 1023 ROYAL PALM DR BAREFOOT BAY, FL 32876	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROUSE, LOUISE 808 SAPODILLA DR BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAGE, DALE 711 LANTANIA BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAT CLARK 481 EGRET CIRCLE BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM SANDT 606 AMARYLLIS DRIVE BAREFOOT BAY, FL 32976	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUSANNE REDDY 818 TAMARIND CIRCLE 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 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 Van Wort* **FREDERICK VAN WORT** **2/17/2007**
Signature and typed or printed name of signing officer or director Date Daytime Phone #