2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#744986

FILED Apr 09, 2009 Secretary of State

Entity Name: BAREFOOT BEACH PROPERTY OWNERS ASSOCIATION, INC.

LIMITY Name. BARLI OOT BLACH PROPERTY OWNERS	3 AGGCCIATION, INC.
Current Principal Place of Business:	New Principal Place of Business:
1 BAREFOOT BEACH BLVD BONITA SPRINGS, FL 34134 US	195 BAREFOOT BEACH BLVD BONITA SPRINGS, FL 34134 US
Current Mailing Address:	New Mailing Address:
1 BAREFOOT BEACH BLVD BONITA SPRINGS, FL 34134 US	195 BAREFOOT BEACH BLVD BONITA SPRINGS, FL 34134 US
FEI Number: 59-2474386 FEI Number Applied For ()	El Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
COOPER, NANCY D #1 BAREFOOT BEACH BLVD BONITA SPRINGS, FL 34134 US	COOPER, NANCY D 195 BAREFOOT BEACH BLVD BONITA SPRINGS, FL 34134 US
The above named entity submits this statement for the purpont the State of Florida.	ose of changing its registered office or registered agent, or both,
SIGNATURE:	04/09/2009
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Fitle: V () Delete Name: ARNOLD, MICHAEL Address: 108 FELIPE LN City-St-Zip: BONITA SPRINGS, FL 34134	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: P () Delete Name: WINDFELDT, GENE Address: 109 FELIPE LANE City-St-Zip: BONITA SPRINGS, FL 34134	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: TS () Delete Name: EATON, EDWIN Address: 105 JUMENTO CAY LANE City-St-Zip: BONITA SPRINGS, FL 34134	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: E H EATON TS 04/09/2009