

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90059 016 ****61.25

DOCUMENT # 758529					
1. Entity Name BAREFOOT BAY NORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 335 BLUEFISH DRIVE #61 FT WALTON, FL 32548			Mailing Address 335 BLUEFISH DRIVE #61 FT WALTON, FL 32548		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122005 Chg-NP CR2E037 (10/03)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name			Name <u>Hilda D. CLARK</u>		
Street Address (P.O. Box Number is Not Acceptable)			Street Address <u>335 BLUEFISH DR # 61</u>		
City			City <u>FT WALTON BEACH</u>		
State			State <u>FL</u>		
Zip Code			Zip Code <u>32548</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 <u>Hilda D Clark</u>					
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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, LLOYD BOX B 1008 HWY 98E DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EDMOND, JACKIE 335 BLUEFISH DR # 41 FORT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EDMOND, JACKIE 335 BLUEFISH DR. #41 FORT WALTON BEACH, FL 32548		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lloyd Bell 681 SE Hidden River Rd PORT ST LUCIE, FL 34983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TIERCE, MEM 61-335 BLUEFISH DR FT WALTON BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. HILDA CLARK 335 BLUEFISH DR. # 61 FORT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINGER, WILLIAM 245 FAR HILLS AVE. DAYTON, OH 45409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Winger 1800 Bay Shore Dr. COCOA BEACH, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Hilda D Clark</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>1/12/05</u>					
Daytime Phone # <u>850-837-6861</u> <u>404-272-6636</u> <u>770-971-4895</u>					