

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90004 016 \*\*\*\*61.25

<b>DOCUMENT # 758529</b> 1. Entity Name <b>BAREFOOT BAY NORTH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>335 BLUEFISH DRIVE #61 FT WALTON, FL 32548</b>			Mailing Address <b>335 BLUEFISH DRIVE #61 FT WALTON, FL 32548</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLARK, HILDA D 335 BLUEFISH DRIVE #61 FT WALTON, FL 32548			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 <u>Hilda D Clark</u> <span style="float: right;">3-2-2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBROND, JACKIE		NAME	HILDA CLARK	
STREET ADDRESS	335 BLUEFISH DRIVE #41		STREET ADDRESS	118 WEATHERSTONE PKWY	
CITY-ST-ZIP	FT WALTON, FL 32548		CITY-ST-ZIP	MARIETTA, GA 30068	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, LLOYD		NAME		
STREET ADDRESS	681 SE HIDDEN RIVER RD		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34983		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, HILDA		NAME	Deborah Thompson	
STREET ADDRESS	335 BLUEFISH DRIVE #61		STREET ADDRESS	9033 Muirfield Court	
CITY-ST-ZIP	FT WALTON, FL 32548		CITY-ST-ZIP	Tallahassee, FL 34983	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGER, WILLIAM		NAME	Christina Bell	
STREET ADDRESS	1800 BAY SHORE DR		STREET ADDRESS	1270 NE 103rd St.	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	Miami Shore, FL 33138	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Hilda D Clark</u> / <u>HILDA D CLARK</u> <span style="float: right;">770.971-4895</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					