

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 758529

FILED  
Sep 14, 2009  
Secretary of State

**Entity Name:** BAREFOOT BAY NORTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

335 BLUEFISH DRIVE #61  
FT WALTON, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

335 BLUEFISH DRIVE #61  
FT WALTON, FL 32548

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CLARK, HILDA D  
335 BLUEFISH DRIVE #61  
FT WALTON, FL 32548 US

**Name and Address of New Registered Agent:**

THOMPSON, LARRY  
335 BLUEFISH DRIVE #31  
FT WALTON, FL 32548 US

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.

SIGNATURE: LARRY THOMPSON

09/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLARK, HILDA  
Address: 118 WEATHERSTONE PKWY  
City-St-Zip: MARIETTA, GA 30068

Title: VP ( ) Delete  
Name: BELL, LLOYD  
Address: 1 & 2 IDABELLE ISLAND  
City-St-Zip: FORT PIERCE, FL 34982

Title: S ( ) Delete  
Name: THOMPSON, DEBORAH  
Address: 9033 MUIRFIELD COURT  
City-St-Zip: TALLAHASSEE, FL 34983

Title: D ( ) Delete  
Name: BELL, CHRISTINA  
Address: 1270 NE 103RD ST.  
City-St-Zip: MIAMI SHORE, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: THOMPSON, LARRY  
Address: 9033 MUIRFIELD COURT  
City-St-Zip: TALLAHASSEE, FL 34983

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: HILDA CLARK

PRES

09/14/2009

Electronic Signature of Signing Officer or Director

Date