2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01360

FILED May 01, 2006 Secretary of State

Entity Name: BAREFOOT PELICAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 271 SOUTHBAY DR NAPLES, FL 34108 US **Current Mailing Address: New Mailing Address:** PO BOX 7486 NAPLES, FL 34101 US FEI Number: 59-2383606 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent: HART, STEPHEN P COLLÍER FINANCIAL INC 4985 E TAMIAMI TRAL NAPLES, FL 34113 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition COWIE, RALPH COWIE, RALPH Name: Name: 1675 KIRKWAY LN Address: 1675 KIRKWAY LN Address: City-St-Zip: BLOOMFIELD HILLS, MI 48300 City-St-Zip: BLOOMFIELD HILLS, MI 48300 Title: Title: () Delete () Change () Addition WOOLLEY, PATRICK Name: Name: Address: 306 MEADOW DRIVE Address: City-St-Zip: WASHINGTON, MO 63090 City-St-Zip: Title: VPD () Delete Title: (X) Change () Addition COYNE, MARIE SD Name: SKELLY, DONALD Name: 354 HOOVER AVE #98 271 SOUTH BAY DR 125 Address: Address: City-St-Zip: BLOOMFIELD, NJ 07003 City-St-Zip: NAPLES, FL 34108 Title: TD () Delete Title: () Change () Addition Name: SOMMERS, ERV TD Name: 2521 RAINBOW DR. Address: Address: City-St-Zip: PLOVER, WI 54467 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition FERRARI, LOUIS D FERRARI, LOUIS D Name: Name: 18 BROADWAY 18 BROADWAY Address: Address: City-St-Zip: STONEHAM, MA 02180 City-St-Zip: STONEHAM, MA 02180

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH COWIE PD 05/01/2006