

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01360

FILED
Apr 23, 2007
Secretary of State

Entity Name: BAREFOOT PELICAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

271 SOUTHBAY DR
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7486
NAPLES, FL 34101 US

New Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
NAPLES, FL 34113 US

FEI Number: 59-2383606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL INC
4985 E TAMiami TRAL
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: COWIE, RALPH
Address: 1675 KIRKWAY LN
City-St-Zip: BLOOMFIELD HILLS, MI 48300

Title: D () Delete
Name: WOOLLEY, PATRICK
Address: 306 MEADOW DRIVE
City-St-Zip: WASHINGTON, MO 63090

Title: VD () Delete
Name: SKELLY, DONALD
Address: 271 SOUTH BAY DR 125
City-St-Zip: NAPLES, FL 34108

Title: TD () Delete
Name: SOMMERS, ERV TD
Address: 2521 RAINBOW DR.
City-St-Zip: PLOVER, WI 54467

Title: SD () Delete
Name: FERRARI, LOUIS D
Address: 18 BROADWAY
City-St-Zip: STONEHAM, MA 02180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: WOOLLEY, PATRICK
Address: 306 MEADOW DRIVE
City-St-Zip: WASHINGTON, MO 63090

Title: D (X) Change () Addition
Name: SMALLWOOD, JIM
Address: 271 SOUTHBAY DR, #236
City-St-Zip: NAPLES, FL 34108

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

Title: VD (X) Change () Addition
Name: FERRARI, LOUIS D
Address: 18 BROADWAY
City-St-Zip: STONEHAM, MA 02180

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: RALPH COWIE

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date