
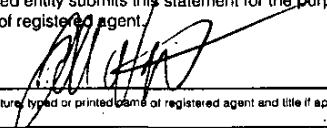
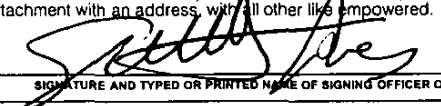


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90101 018 \*\*\*\*61.25

DOCUMENT # N06000008679					
1. Entity Name <b>BAREFOOT PALMS HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>204 A ALLEN LANE PANAMA CITY BEACH, FL 32408</b>			Mailing Address <b>204 A ALLEN LANE PANAMA CITY BEACH, FL 32408</b>		
2. Principal Place of Business - No P.O. Box # <b>204 A Ellen Lane</b>		3. Mailing Address <b>204 A Ellen Lane</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-5438163</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		02132008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>PAGE, ANDY 204 A ALLEN LANE PANAMA CITY BEACH, FL 32408</b>			7. Name and Address of New Registered Agent Name: <b>Joshua T. Wakstein</b> Street Address (P.O. Box Number is Not Acceptable) <b>204 A Ellen Lane</b> City: <b>Panama City Beach</b> <b>FL</b> Zip Code: <b>32408</b>		
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:  <b>Joshua T. Wakstein</b> <span style="float: right;">2/14/08</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, 2008</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	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAKSTEIN, GARY		NAME		
STREET ADDRESS	204 A ELLEN LANE		STREET ADDRESS		
CITY - ST - ZIP	PANAMA CITY, FL 32408		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		
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		
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:  <b>Gary Wakstein, Pres</b> <span style="float: right;">2/14/08 880-234-6112</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					