## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N06000011584

1. Entity Name
BAREFOOT COTTAGES HOMEOWNERS ASSOCIATION, INC.



Driver and Direct	of Durings	N. dariila	- Add				4.000	00666			
Principal Place 36468 EMER SUITE 10101 DESTIN, FL 3	ALD COAST PARKWAY	3646 Suit	Mailing Address 36468 EMERALD COAST PARKWAY SUITE 10101 DESTIN, FL 32541								]}  <b> </b>
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				,					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					04222008	Chg-NP	CR2E037	(12/06)	
City & State		City & State				4. FEI Number 20-5871438				<u> </u>	pplied For at Applicable
Zip	Country Zip C		Cou	intry	5. Certificate of Status Desired				\$8.75 Additional		
	6. Name and Address of Curren	t Register	ed Agent				7. Name and	Address of New F	Registered A	gent	
					Name		-	-	_		
GWIN, CURTIS H 36468 EMERALD COAST PARKWAY SUITE 10101					Street A	ddress (F	dress (P.O. Box Number is Not Acceptable)				
DESTIN, F	L 32541			,							
					City				FL	Zip Code	9
	named entity submits this statement ions of registered agent.	for the purp	iose of changing its r	egistere	ed office or	r register	ed agent, or bot	h, in the State of Fi	orida. I am fa	miliar with,	and accept
SIGNATURE -											
			·								
	Signature, typed or printed name of registered ager	nt and litle if ap	plicable. (NOTE:	Registere	d Agent signat	ure required	when reinstating)		DATE		
	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2008	nt and litle if ap	9. Election Camp Trust Fund Co	oaign F	inancing	ure required	\$5.00 May B	<del>-</del> 1	DATE  Make check rida Departr	• •	
	Filing Fee is \$61.25		9. Election Camp Trust Fund Co	oaign F	inancing		\$5.00 May B Added to Fees	<del>-</del> 1	Make check rida Departr	nent of St	tate
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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 apparate and that my signature shall have the same legal effect as if made under path; 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition

**FILED** 

Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90379 005 \*\*\*\*61.25