

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011584

FILED
Jun 29, 2009
Secretary of State

Entity Name: BAREFOOT COTTAGES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

36468 EMERALD COAST PARKWAY
SUITE 10101
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

36468 EMERALD COAST PARKWAY
SUITE 10101
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-5871438 **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:

GWIN, CURTIS H
36468 EMERALD COAST PARKWAY
SUITE 10101
DESTIN, FL 32541 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:

Title: PD () Delete
Name: GWIN, CURTIS H
Address: 36468 EMERALD COAST PARKWAY #10101
City-St-Zip: DESTIN, FL 32541

Title: VD () Delete
Name: H. RAY SHOULTS
Address: 36468 EMERALD COAST PARKWAY #10101
City-St-Zip: DESTIN, FL 32541

Title: SD () Delete
Name: COTE, ROBERT C
Address: 36468 EMERALD COAST PKWY STE 10101
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: H. RAY SHOULTS

VD

06/29/2009

Electronic Signature of Signing Officer or Director

Date