

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N22069	
1. Entity Name BAREFOOT TERRACE CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business % TERESA JURADO 19910 GULF BLVD #401 INDIAN SHORES, FL 33785	Mailing Address % TERESA JURADO 19910 GULF BLVD #401 INDIAN SHORES, FL 33785



01212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JURADO, TERESA 19910 GULF BLVD UNIT #401 INDIAN SHORES, FL 33785
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reattesting)</small>
DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NADLER, JUNE 19910 GULF BLVD #300 INDIAN SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HELLER, GARY 19910 GULF BLVD #102 INDIAN SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRIDA, ALICE 19910 GULF BLVD #202 INDIAN SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JURADO, KURT 19910 GULF BLVD #101 INDIAN SHORES, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JURADO, TERESA 19910 GULF BLVD #401 INDIAN SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARASTRO, SAM 19910 GULF BLVD #402 INDIAN SHORES, FL

U00000303144
04/13/05-80101-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Alice Prida, Treasurer* 4/11/05 813-223-9293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone