

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90004 016 \*\*\*\*61.25

**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**



01222006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**JURADO, TERESA**  
**19910 GULF BLVD**  
**UNIT #401**  
**INDIAN SHORES, FL 33785**

**DO NOT WRITE 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 *Teresa Jurado - Director*  
 Signature, typed or printed name of registered agent and title if applicable.

1-22-06  
 DATE

(NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
 NAME NADLER, JUNE  
 STREET ADDRESS 19910 GULF BLVD #300  
 CITY-ST-ZIP INDIAN SHORES, FL

TITLE SD  
 NAME HELLER, GARY  
 STREET ADDRESS 19910 GULF BLVD #102  
 CITY-ST-ZIP INDIAN SHORES, FL

TITLE TD  
 NAME PRIDA, ALICE  
 STREET ADDRESS 19910 GULF BLVD #202  
 CITY-ST-ZIP INDIAN SHORES, FL

TITLE D  
 NAME JURADO, KURT  
 STREET ADDRESS 19910 GULF BLVD #101  
 CITY-ST-ZIP INDIAN SHORES, FL 33785

TITLE D  
 NAME JURADO, TERESA  
 STREET ADDRESS 19910 GULF BLVD #401  
 CITY-ST-ZIP INDIAN SHORES, FL

TITLE D  
 NAME CARASTRO, SAM  
 STREET ADDRESS 19910 GULF BLVD #402  
 CITY-ST-ZIP INDIAN SHORES, FL

**DO NOT WRITE IN THIS SPACE**

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: *Teresa Jurado Director*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-06 (727) 596-7587  
 Date Daytime Phone #