

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90050 020 ****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		
2. Principal Place of Business - No P.O. Box # same		3. Mailing Address same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 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			7. Name and Address of New Registered Agent Name: same Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
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: <u>Teresa Jurado - D</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Teresa Jurado</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>4-15-07</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME NADLER, JUNE STREET ADDRESS 19910 GULF BLVD #300 CITY-ST-ZIP INDIAN SHORES, FL	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Janeen Jurado STREET ADDRESS 1105 W. Indiana Ave. CITY-ST-ZIP Tampa, FL 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME HELLER, GARY STREET ADDRESS 19910 GULF BLVD #102 CITY-ST-ZIP INDIAN SHORES, FL	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Mary Beth Carastro STREET ADDRESS 4501 Datura CITY-ST-ZIP Tampa, FL 33611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME PRIDA, ALICE STREET ADDRESS 19910 GULF BLVD #202 CITY-ST-ZIP INDIAN SHORES, FL	<input type="checkbox"/> Delete		TITLE NAME same STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JURADO, KURT STREET ADDRESS 19910 GULF BLVD #101 CITY-ST-ZIP INDIAN SHORES, FL 33785	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME June Nadler STREET ADDRESS 19910 Gulf Blvd #300 CITY-ST-ZIP Indian Shores, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JURADO, TERESA STREET ADDRESS 19910 GULF BLVD #401 CITY-ST-ZIP INDIAN SHORES, FL	<input type="checkbox"/> Delete		TITLE NAME same STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CARASTRO, SAM STREET ADDRESS 19910 GULF BLVD #402 CITY-ST-ZIP INDIAN SHORES, FL	<input checked="" type="checkbox"/> Delete		TITLE D NAME Tom Farrow STREET ADDRESS 19910 Gulf Blvd. #201 CITY-ST-ZIP Indian Shores, FL 33785	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>June Nadler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>June Nadler</u> <small>Signature</small>		<u>4-15-07</u> <small>Date</small>	
(727) 595-4814		(727) 595-4814 <small>Daytime Phone #</small>			

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04142007 Chg-NP CR2E037 (12/06)