


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Sign & Mail w/ check

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # N22069 1. Entity Name BAREFOOT TERRACE CONDOMINIUM ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



03222008 No Chg-NP CR2E037 (4/06)

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**

**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 *same as above* (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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 PD	JURADO, JANEEN 1105 W INDIANA AVE TAMPA, FL 33603
TITLE SD	CARASTRO, MARY BETH 4501 DATURA TAMPA, FL 33611
TITLE TD	PRIDA, ALICE 19910 GULF BLVD #202 INDIAN SHORES, FL
TITLE VPD	NADLER, JUNE 19910 GULF BLVD #300 INDIAN SHORES, FL 33785
TITLE D	JURADO, TERESA 19910 GULF BLVD #401 INDIAN SHORES, FL
TITLE D	FARROW, TIM 19910 GULF BLVD #201 INDIAN SHORES, FL 33785

**DO NOT WRITE
IN THIS SPACE**

000000890662
04/22/08-80104-019 61.25

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:** *Alison M. Prida, Treas.* **4/8/08** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR