

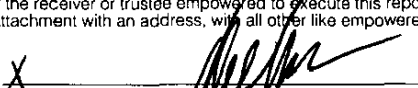


**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

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|--|---|---|---|--|--|
| <b>DOCUMENT # N31594</b>   |   |                                    |   | 04-04-2007 90172 028 ****61.25   |  |
| 1. Entity Name<br><b>THE VILLAS AT BAREFOOT BEACH HOMEOWNERS' ASSOCIATION, INC.</b>  |   |   |   |  |  |
| Principal Place of Business<br><b>118 BAREFOOT CIRCLE<br/>BONITA SPCS, FL 34134 US</b>   |   | Mailing Address<br><b>27800 OLD 41 RD<br/>BONITA SPRINGS, FL 34135 US</b>   |   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   | <br><br>40043743<br><br>03122007 Chg-NP CR2E037 (12/06)<br><br>4. FEI Number<br><b>65-0137105</b><br>Applied For<br><input type="checkbox"/> Not Applicable<br><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |  |  |
| City & State   |   | City & State  |   |  |  |
| Zip  | Country   | Zip   | Country   |  |  |
| 6. Name and Address of Current Registered Agent<br><b>O'GORMAN, JOHN<br/>C/O STERLING PROPERTY SERVICES<br/>27800 OLD 41 ROAD<br/>BONITA SPRINGS, FL 34135</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |  |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   | <b>Make check payable to Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | T<br>BRENNAN, MICHEAL<br>153 BAREFOOT CIRCLE<br>BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | T<br>BRENNAN, MICHAEL<br>153 BAREFOOT CIRCLE<br>BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>GOLDSMITH, MAX<br>176 BAREFOOT CIRCLE<br>BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>WILSON, GERALD<br>121 BAREFOOT CIR<br>BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VP<br>KASH, STEVE<br>147 BAREFOOT CIRCLE<br>BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>PHELAN, JAMES<br>151 BAREFOOT CIRCLE<br>BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input 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:    |   | 3/22/07   |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date Daytime Phone #  |   |  |  |