
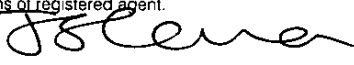



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90042 009 ****61.25

DOCUMENT # N31594 1. Entity Name THE VILLAS AT BAREFOOT BEACH HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 118 BAREFOOT CIRCLE BONITA SPGS, FL 34134 US		Mailing Address 27800 OLD 41 RD BONITA SPRINGS, FL 34135 US	
2. Principal Place of Business - No P.O. Box # 27180 BAY LANDING DRIVE		3. Mailing Address 27180 BAY LANDING DR	
Suite, Apt. #, etc. SUITE #4		Suite, Apt. #, etc. SUITE #4	
City & State BONITA SPRINGS		City & State BONITA SPRINGS	
Zip 34135		Zip 34135	
Country US		Country US	
4. FEI Number 65-0137105		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 O'GORMAN, JOHN C/O STERLING PROPERTY SERVICES 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name O'GORMAN, JOHN Street Address (P.O. Box Number is not Acceptable) 90 STERLING PROPERTY SERVICES 27180 BAY LANDING DRIVE, SUITE #4 City BONITA SPRINGS FL Zip Code 34135	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 3/16/08 <small>DATE</small> </div> </div>			
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	
Make check payable to: Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
	T BRENNAN, MICHAEL <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	153 BAREFOOT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	SD GOLDSMITH, MAX <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	176 BAREFOOT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	D WILSON, GERALD <input checked="" type="checkbox"/> Delete	TITLE	D WYNN JURAN <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	121 BAREFOOT CIR	STREET ADDRESS	166 BAREFOOT CIRCLE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VP KASH, STEVE <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	147 BAREFOOT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	PD PHELAN, JAMES <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	151 BAREFOOT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/19/08 <small>DATE</small>	
		<small>Daytime Phone #</small>	