2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N31594

Entity Name: THE VILLAS AT BAREFOOT BEACH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

27180 BAY LANDING DRIVE
SUITE #4
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

27180 BAY LANDING DRIVE
SUITE #4
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 65-0137105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'GORMAN, JOHN
C/O STERLING PROPERTY SERVICES
27180 RAY LANDING DRIVE, SUITE #4
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

O'GORMAN, JOHN
C/O STERLING PROPERTY SERVICES
27180 BAY LANDING DRIVE, SUITE #4
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: _____ 03/20/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: BRENNAN, MICHAEL
Address: 153 BAREFOOT CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD ( ) Delete
Name: GOLDSMITH, MAX
Address: 176 BAREFOOT CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: WYNN, JURAN
Address: 166 BAREFOOT CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD ( ) Delete
Name: KASH, STEVE
Address: 147 BAREFOOT CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP ( ) Delete
Name: PHELAN, JAMES
Address: 151 BAREFOOT CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: BRENNAN, MICHAEL
Address: 153 BAREFOOT CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WILSON, GERALD
Address: 101 BAREFOOT CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX GOLDSMITH DP 03/20/2009
Electronic Signature of Signing Officer or Director — Date