

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90172 031 ****61.25

DOCUMENT # N37101

1. Entity Name
BAREFOOT BEACH MASTER ASSOCIATION, INC.



Principal Place of Business
**BAREFOOT BEACH BLVD
BONITA SPRINGS, FL 34134 US**

Mailing Address
**745 12TH AVE., SOUTH
D
NAPLES, FL 34102 US**

40078444



04242006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0181366

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOORE PROPERTY MANAGEMENT, INC.
745-12TH AVENUE SOUTH
SUITE A1A
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME EDELBROCK, KEN
STREET ADDRESS 269 BAREFOOTG BEACH BLVD
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE STD ☐ Delete
NAME FRIDAY, FRITZ
STREET ADDRESS 110 KAULA LANE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D ☐ Delete
NAME RAUSCHELBACH, BILL
STREET ADDRESS 145 SHELL DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-06