

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40239

FILED
Apr 27, 2005
Secretary of State

Entity Name: BAREFOOT BEACH CLUB II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

259 LELY BEACH BOULEVARD
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

New Mailing Address:

P.O. BOX 11209
NAPLES, FL 34101 US

FEI Number: 59-3050989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, E. AUSTIN ESQ.
BANK OF AMERICA CENTER
4501 TAMiami TRAIL NORTH, SUITE 214
NAPLES, FL 341030000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: FISCHER, STEVE
Address: 261 BARFOOT BEACH BLVD. #502
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD () Delete
Name: SCHWANTES, BILL
Address: 261 LELY BEACH RD., #402
City-St-Zip: BONITA SPRINGS, FL

Title: TD () Delete
Name: DURKIN, RICHARD
Address: 260 BAREFOOT BCH BLVD. 405
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: SCHECK, LENNY
Address: 263 LELY BEACH BLVD. #PH1
City-St-Zip: BONITA SPRINGS, FL

Title: D () Delete
Name: EWEN, ROBERT
Address: 262 BAREFOOT BEACH BLVD #605
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SDT (X) Change () Addition
Name: FISCHER, STEVE
Address: 261 BARFOOT BEACH BLVD. #502
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: D (X) Change () Addition
Name: HETTLINGER, SHIRLEY
Address: 260 BAREFOOT BCH BLVD.
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 for the exemption stated in Section 119.07(3)(i), 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: BILL SCHWANTES

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date