2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# N40239

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

Current Principal Place of Business:

259 BAREFOOT BEACH BOULEVARD
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11209
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-3050989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARLER, GREGORY W 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: SDT ( ) 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 BAREFOOT BEACH RD., #402
City-St-Zip: BONITA SPRINGS, FL

Title: STD ( ) Delete
Name: HETTLINGER, SHIRLEY
Address: 260 BAREFOOT BCH BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD ( ) Delete
Name: SCHECK, LENNY
Address: 263 BAREFOOT BEACH BLVD. #PH1
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: WINN, TOM
Address: 262 BAREFOOT BEACH BLVD #202
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MCCRACKEN, STEPHEN
Address: 12689 APSLEY LANE
City-St-Zip: CARMEL, IN 46032

Title: STD (X) Change ( ) Addition
Name: HETTLINGER, SHIRLEY
Address: 260 BAREFOOT BCH BLVD., UNIT 502
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 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: STEVE FISCHER PD 04/13/2007

Electronic Signature of Signing Officer or Director — Date