

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40239

FILED
Apr 15, 2009
Secretary of State

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:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E
NAPLES, FL 34113 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:

BECKER & POLIAKOFF, P.A.
ATTN: GREGORY MARLER
999 VANDERBILT BEACH RD. SUITE 501
NAPLES, FL 34108 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: PD () Delete
Name: FISCHER, STEVE
Address: 261 BARFOOT BEACH BLVD. #502
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: MCCracken, STEPHEN
Address: 261 BAREFOOT BEACH BLVD #503
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD () Delete
Name: HETTLINGER, SHIRLEY
Address: 260 BAREFOOT BCH BLVD., UNIT 502
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: D (X) Change () Addition
Name: QUINN, PATRICK
Address: 262 BARFOOT BEACH BLVD. #602
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD (X) Change () Addition
Name: MCCracken, STEPHEN
Address: 261 BAREFOOT BEACH BLVD #503
City-St-Zip: BONITA SPRINGS, FL 34134

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

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: STEPHEN MCCracken

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date