

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N40521
 1. Entity Name
THE COTTAGES AT BAREFOOT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2681 AIRPORT RD SOUTH C-101 NAPLES, FL 34112 US	Mailing Address 2681 AIRPORT RD SOUTH C-101 NAPLES, FL 34112 US
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01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0262376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JOANIDES, JOHN C
 2681 AIRPORT RD SOUTH, C-101
 NAPLES, FL 34112

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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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BUBRICK, MEL 265 SHELL DR BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MANFREDI, RICHARD 285 SHELL DR BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D JOHNSON, RODERIC 5515 W 130TH ST PALOS HEIGHTS, IL 60643
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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 01/26/05-80014-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mel P. Bubrick December 2, 2004 Vio Chinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date