

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45636

FILED
Jan 29, 2007
Secretary of State

Entity Name: FRIENDS OF BAREFOOT BEACH PRESERVE, INCORPORATED

Current Principal Place of Business:

P O BOX 564
BONITA SPRINGS, FL 34133 US

New Principal Place of Business:

BAREFOOT BEACH PRESERVE
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

P O BOX 564
BONITA SPRINGS, FL 34133 US

New Mailing Address:

FEI Number: 52-1755616 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALLAWAY, SHARON A TD
23720 STONYRIVER PLACE
BONITA SPRINGS,, FL 34135 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: BACHRACH, JAN
Address: 26789 MCLAUGHLIN BOULEVARD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD () Delete
Name: SAYLOR, HAROLD
Address: 500 EAST VALLEY ROAD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S () Delete
Name: PUTNAM, ROSEMARY
Address: 10660 ROGERS LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD () Delete
Name: GALLAWAY, SHARON A
Address: 23720 STONYRIVER PLACE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ATD () Delete
Name: NIELSEN, CAROLINE
Address: 9178 HOLLOW PINE DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: SHARON A. GALLAWAY

TD

01/29/2007

Electronic Signature of Signing Officer or Director

Date