2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# N45636

Entity Name: FRIENDS OF BAREFOOT BEACH PRESERVE, INCORPORATED

Current Principal Place of Business:

BAREFOOT BEACH PRESERVE
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

BAREFOOT BEACH PRESERVE
23720 STONYRIVER PLACE
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

P O BOX 564
BONITA SPRINGS, FL 34133 US

New Mailing Address:

BAREFOOT BEACH PRESERVE
23720 STONYRIVER PLACE
BONITA SPRINGS, FL 34135 US

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

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	(X) 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 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 01/14/2008

Electronic Signature of Signing Officer or Director — Date