2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 28, 2007 8:00 am
Secretary of State
03-14-2007 90046 008 ****61.25

DOCUMENT # N50557

1. Entity Name

BAREFOOT BAY COMMUNITY FUND, INC.

Principal Place of Business	Mailing Address
625 BAREFOOT BLVD BAREFOOT BAY FT 32976 US	P O BOX 779 186 BAREFOOT BAY FL 32976 US

DDUUDDJJ

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3139673 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WESCHLER, EUGENE
1023 ROYAL PALM DR
BAREFOOT BAY FL 32976

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'KEEFE, MARILYN 1201 ARECA DR BAREFOOT BAY FL 32976	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RHODA BARNETT 817 PERIWINKLE CR BAREFOOT BAY FL 32976	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WESCHLER, EUGENE 1023 ROYAL PALM DR BAREFOOT BAY FL 32976	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AROLYN, HERSEY 1068 BAREFOOT BAY BAREFOOT BAY FL 32476	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARROLL, LEO F 916 DOGWOOD DRIVE BAREFOOT BAY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SNELLBAKER, H J 601 OLEANDER CIRCLE BAREFOOT BAY FL 32976	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PREIKSCHAT, BOB 604 AMARYLLIS DR SEBASTIAN FL 32976	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ 3/26/07 772 664 5746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #