

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50557

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: BAREFOOT BAY COMMUNITY FUND, INC.

## Current Principal Place of Business:

625 BAREFOOT BLVD  
BAREFOOT BAY, FT 32976 US

## New Principal Place of Business:

## Current Mailing Address:

625 BAREFOOT BLVD  
BAREFOOT BAY, FT 32976 US

## New Mailing Address:

1068 BAREFOOT CIRCLE  
BAREFOOT BAY, FT 32976 US

FEI Number: 59-3139673

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERSEY, AROLYN  
1068 BAREFOOT CIRCLE  
BAREFOOT BAY, FL 32976 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: D ( ) Delete  
Name: O'KEEFE, MARILYN  
Address: 1201 ARECA DR  
City-St-Zip: BAREFOOT BAY, FL 32976

Title: S ( ) Delete  
Name: BARNETT, RHODA  
Address: 817 PARI WINKLE CR.  
City-St-Zip: BAREFOOT BAY, FL 32976

Title: PD ( ) Delete  
Name: AROLYN, HERSEY  
Address: 1068 BAREFOOT BAY  
City-St-Zip: BAREFOOT BAY, FL 32976

Title: D ( ) Delete  
Name: CARROLL, LEO F  
Address: 916 DOGWOOD DRIVE  
City-St-Zip: BAREFOOT BAY, FL 32976

Title: VP ( ) Delete  
Name: SNELLBAKER, H J  
Address: 601 OLEANDER CIRCLE  
City-St-Zip: BAREFOOT BAY, FL 32976

Title: D ( ) Delete  
Name: PREIKSCHAT, BOB  
Address: 604 AMARYLLIS DR  
City-St-Zip: SEBASTIAN, FL 32976

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: CROUSE, LOUISE  
Address: 808 SAPODILLA DR  
City-St-Zip: BAREFOOT BAY, FL 32976

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: T (X) Change ( ) Addition  
Name: MURRAY, BETTY  
Address: 334 AVOCADO DR  
City-St-Zip: SEBASTIAN, FL 32976

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: AROLYN F HERSEY

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date