


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90040 006 ****61.25

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|---|--|---|---|---|--|
| DOCUMENT # N96000004484 1. Entity Name BAREFOOT COVE HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1750 S. FEDERAL HWY. LAKE WORTH, FL 33462 US | | | Mailing Address 639 E. OCEAN AVE. SUITE 204 BOYNTON BEACH, FL 33435 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 65-0698259 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent HACKABY, JANET MANAGEMENT SERVICES OF AMERICA 639 E. OCEAN AVE. SUITE 204 BOYNTON BEACH, FL 33435 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ (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: <input type="checkbox"/> | | \$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 | VPD MCGRATH, BOB 159 BAREFOOT COVE HYPOLUXO, FL 33462 | <input checked="" type="checkbox"/> Delete | TITLE PD NAME STREET ADDRESS CITY-ST-ZIP | Michael Weltsman 157 Barefoot Cove Hypoluxo, FL 33462 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LOCKERSON, EARL 147 BAREFOOT COVE HYPOLUXO, FL 33462 | <input checked="" type="checkbox"/> Delete | TITLE SD NAME STREET ADDRESS CITY-ST-ZIP | Frieda Herwin 148 Barefoot Cove Hypoluxo, FL 33462 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BOLIN, ARLENE 172 BAREFOOT COVE HYPOLUXO, FL 33462 | <input checked="" type="checkbox"/> Delete | TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP | Bill Sernaker 163 Barefoot Cove Hypoluxo, FL 33462 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VPD SMITH, BILL 138 BAREFOOT COVE HYPOLUXO, FL 33462 | <input checked="" type="checkbox"/> Delete | TITLE TD NAME STREET ADDRESS CITY-ST-ZIP | Phillip Bolin 172 Barefoot Cove Hypoluxo, FL 33462 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SERNAKAY, JENNY 163 BAREFOOT COVE HYPOLUXO, FL 33462 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Brian Lee 146 Barefoot Cove Hypoluxo, FL 33462 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Phillip Bolin TREASURER PHILLIP BOLIN 3-22-2005 561-586-3917 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |