


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90088 049 ****61.25

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. 7700 Congress Ave SUITE 1128 BOYNTON BEACH, FL 33435 US BOCA RATON FL 33487	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address MANAGEMENT SERVICES 7700 Congress Ave #1128 BOCA RATON City & State Zip	
4. FEI Number 65-0698259		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKADY, 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. SIGNATURE <u><i>Janet Van Pelt</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>3/27/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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	
TITLE	NAME	Delete	STREET ADDRESS
	WEISMAN, MICHAEL	<input checked="" type="checkbox"/>	157 BAREFOOT COVE
			CITY-ST-ZIP
	HYPOLUXO, FL 33462		
TITLE	NAME	Delete	STREET ADDRESS
	KERWIN, FRIEDA	<input type="checkbox"/>	148 BAREFOOT COVE
			CITY-ST-ZIP
	HYPOLUXO, FL 33462		
TITLE	NAME	Delete	STREET ADDRESS
	SERNAKES, BILL	<input type="checkbox"/>	163 BAREFOOT COVE
			CITY-ST-ZIP
	HYPOLUXO, FL 33462		
TITLE	NAME	Delete	STREET ADDRESS
	BOLIN, PHILLIP	<input checked="" type="checkbox"/>	172 BAREFOOT COVE
			CITY-ST-ZIP
	HYPOLUXO, FL 33462		
TITLE	NAME	Delete	STREET ADDRESS
	LEE, BRIAN	<input checked="" type="checkbox"/>	146 BAREFOOT COVE
			CITY-ST-ZIP
	HYPOLUXO, FL 33462		
TITLE	NAME	Delete	STREET ADDRESS
	DIRECTOR	<input type="checkbox"/>	MARLENE TAMAYO
			CITY-ST-ZIP
	122 BAREFOOT COVE HYP. FL 33462		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME V.P.D. STREET ADDRESS JIM MACKAY CITY-ST-ZIP 133 BAREFOOT COVE HYP. FL 33462			
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME SERNAKER, BILL STREET ADDRESS 163 BAREFOOT COVE CITY-ST-ZIP HYPOLUXO FL 33462			
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JIM MULLIN STREET ADDRESS TREASURER CITY-ST-ZIP 135 BAREFOOT COVE HYPOLUXO FL 33462			
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>William L. Sernaker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date <u>4/5/06</u> <small>Date</small>			