
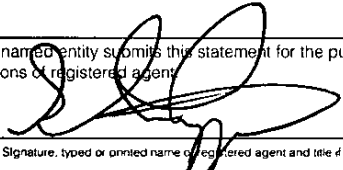
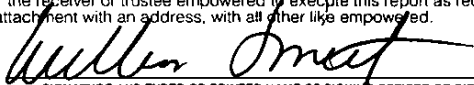


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90078 042 ****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 7700 CONGRESS AVE SUITE 1128 BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 6401 Congress Avenue Suite, Apt. #, etc. #140	
City & State 		City & State Boca Raton FL	
Zip 	Country 	Zip 33487	Country US
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 HACKABY, JANET MANAGEMENT SERVICES OF AMERICA 7700 CONGRESS AVE #1128 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Lippman, Steve Street Address (P.O. Box Number is Not Acceptable) 6401 Congress Avenue Suite #140 City Boca Raton FL Zip Code 33487	
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 4/10/07	
Filing Fee is \$61.25 Due by May 1, 2007		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 MACKAY, JIM 133 BAREFOOT COVE LAKE WORTH, FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Smith, William 138 Bare Foot Cove Hypoluxo, FL 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERWIN, FRIEDA 148 BAREFOOT COVE HYPOLUXO, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P Kerwin, Frieda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERNAKES, BILL 163 BAREFOOT COVE HYPOLUXO, FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Jacobs, Evelyn 144 Bare Foot Cove Hypoluxo FL 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MULLIN, JIM 135 BAREFOOT COVE HYPOLUXO, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mullin, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMAYO, MARLENE 122 BAREFOOT COVE LAKE WORTH, FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D mcGrath, Robert 159 Bare Foot Cove Hypoluxo FL 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/12/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	