

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90098 016 ****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
**6401 CONGRESS AVE
SUITE 140
BOCA RATON, FL 33487 US**

BY: 2554

40079311



2. Principal Place of Business - No P.O. Box #
1200 S. Rogers Circle

3. Mailing Address
1200 S. Rogers Circle

Suite, Apt. #, etc. **Ste 3**

Suite, Apt. #, etc. **Ste 3**

04172008 Chg-NP CR2E037 (12/06)

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip
33487

Country

Zip
33487

Country

4. FEI Number
65-0698259

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIPPMAN, STEVE
6401 CONGRESS AVENUE SUITE #140
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name **Karen Lippman**

Street Address (P.O. Box Number is Not Acceptable)
First Choice Management Group Inc.

1200 S Rogers Circle #3

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 Karen Lippman **4/17/08**

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

Filing Fee is \$61.25
Due by May 1, 2008

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	P SMITH, WILLIAM 138 BARE FOOT COVE HYPOLUXO, FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jerale, Melissa 112 Barefoot Cove Hypoluxo FL 33462 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KERWIN, FRIEDA 148 BAREFOOT COVE HYPOLUXO, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kerwin, Frieda 148 Barefoot Cove Hypoluxo FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACOBS, EVELYN 144 BAREFOOT VOE HYPOLUXO, FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Burk, Thomas 129 Barefoot Cove Hypoluxo FL 33462 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MULLIN, JAMES 135 BAREFOOT COVE HYPOLUXO, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRATH, ROBERT 159 BAREFOOT COVE HYPOLUXO, FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Thomas P. Burk Pres 4-21-2008 770-237-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #