

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004484

FILED
Apr 04, 2009
Secretary of State

Entity Name: BAREFOOT COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1200 S. ROGERS CIRCLE
STE. 3
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

1200 S. ROGERS CIRCLE
STE. 3
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 65-0698259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EPPMAN, KAREN
FIRST CHOICE MGMT. GROUP INC
1200 S ROGERS CIRCLE #3
BOCA RATON, FL 33487 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: S () Delete
Name: JERACE, MELISSA
Address: 112 BAREFOOT CLOVE
City-St-Zip: HIPOLOXO, FL 33462

Title: VP () Delete
Name: KERWIN, FREIDA
Address: 148 BAREFOOT COVE
City-St-Zip: HYPOLUXO, FL 33462

Title: P () Delete
Name: BURK, THOMAS
Address: 129 BAREFOOT COVE
City-St-Zip: HYPOLUXO, FL 33462

Title: T () Delete
Name: MULLIN, JAMES
Address: 135 BAREFOOT COVE
City-St-Zip: HYPOLUXO, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change () Addition
Name: SMITH, WILLIAM
Address: 140 BAREFOOT COVE
City-St-Zip: HYPOLUXO, FL 33462

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

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: JAMES MULLIN

TRES

04/04/2009

Electronic Signature of Signing Officer or Director

Date