

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001865

FILED
Jun 05, 2006
Secretary of State

Entity Name: BAREFOOT'N IN THE KEYS AT OLD TOWN MASTER ASSOCIATION, INC.

Current Principal Place of Business:

2750 FLORIDA PLAZA BLVD
KISSIMMEE, FL 34746

New Principal Place of Business:

8680 COMMODITY CIRCLE
ORLANDO, FL 32819

Current Mailing Address:

2750 FLORIDA PLAZA BLVD
KISSIMMEE, FL 34746

New Mailing Address:

8680 COMMODITY CIRCLE
ORLANDO, FL 32819

FEI Number: 59-3627380 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STADELMAN, JAMES H
604 COURTLAND ST STE 100
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

KORSHAK AND ASSOCIATES, P.A.
8680 COMMODITY CIRCLE
ORLANDO, FL 32819 US

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: STEPHEN D. KORSHAK

06/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: HUNDLEY, GREGORY
Address: 5770 W. IRLO BRONSON HWY, #129
City-St-Zip: KISSIMMEE, FL 34746`

Title: DS () Delete
Name: SPRINGER, JOHN E
Address: 2750 FLORIDA PLAZA BLVD
City-St-Zip: KISSIMMEE, FL 34746`

Title: DP () Delete
Name: SPRINGER, ROBERTA L
Address: 2750 FLORIDA PLAZA BLVD
City-St-Zip: KISSIMMEE, FL 34746`

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ERFURTH, CARY J
Address: 8680 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819`

Title: DST (X) Change () Addition
Name: HOLBROOK, KAREN S
Address: 8680 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819`

Title: DV (X) Change () Addition
Name: SANDERS, NANCY
Address: 8680 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819`

I hereby certify that the information supplied with this filing does not qualify for the 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: CARY J. ERFURTH

DP

06/05/2006

Electronic Signature of Signing Officer or Director

Date