

FILE NOW: FILING FEE IS \$61.25

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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759466 (6)
1. Corporation Name
THE BAREFOOT TRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
6240 A1A SOUTH ST AUGUSTINE FL 32084
BAREFOOT TRACE CONDO
6240 A1A SOUTH
ST. AUGUSTINE FL 32084
US

3. Date Incorporated or Qualified
07/30/1981

4. FEI Number Applied For
59-2148945 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country
24 25 29 30

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERGENOVICH, AGATHA
6240 A1A SOUTH #301
ST AUGUSTINE FL 32084

81 Name MAY Management Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 4320 U.S. Highway A1A South, Suite 2
83 St. Augustine, Florida 32084
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Brenda B. Verbeck*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITILE DELETE
NAME COX, ASA
STREET ADDRESS 6240 A1A SOUT #407
CITY-ST-ZIP ST. AUGUSTINE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P DELETE
NAME MERGENOVICH, AGATHA
STREET ADDRESS 6240 A1A SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL

2.1 TITLE P Change Addition
2.2 NAME President
2.3 STREET ADDRESS William Haas
2.4 CITY-ST-ZIP 6240 A1A South, U-206
St. Augustine, FL 32084

T DELETE
NAME WHITE, MARDEE
STREET ADDRESS 6240 A1A SOUTH
CITY-ST-ZIP ST AUGUSTINE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D DELETE
NAME SHEA, ROSE
STREET ADDRESS 6240 A1A SOUTH
CITY-ST-ZIP ST AUGUSTINE FL

4.1 TITLE T Change Addition
4.2 NAME Treasurer
4.3 STREET ADDRESS Brenda Verbeck
4.4 CITY-ST-ZIP 6240 A1A South, U-311
St. Augustine FL 32084

D DELETE
NAME FERRELL, KAYDA
STREET ADDRESS 6240 A1A SOUTH, #105
CITY-ST-ZIP ST AUGUSTINE FL

5.1 TITLE S Change Addition
5.2 NAME Secretary
5.3 STREET ADDRESS Mary Cheney
5.4 CITY-ST-ZIP 6240 A1A South, U-202
St. Augustine, FL 32084

DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D Change Addition
6.2 NAME Paul Shea
6.3 STREET ADDRESS 6240 A1A South, U-210
6.4 CITY-ST-ZIP St. Augustine, FL 32084

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Brenda B. Verbeck*

CR2E037 (10/97)