

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90332 026 \*\*\*\*61.25

**DOCUMENT # 759466**

1. Entity Name  
**THE BAREFOOT TRACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**6240 A1A SOUTH  
 ST AUGUSTINE FL 32084**

Mailing Address  
**BAREFOOT TRACE CONDO  
 6240 A1A SOUTH  
 ST. AUGUSTINE FL 32084-7567  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number **59-2148945**

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

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**FARMER, RONALD R CPA  
 6240 A1A SOUTH  
 ST AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

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

**FILE NOW: FEE IS \$81.25.**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	<b>V</b> <b>ROBERTS, WILLIAM</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>602 CLEVELAND AVE.</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE NAME	<b>S</b> <b>HAAS, WILLIAM</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>6240 A1A SOUTH, #U-206</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>	
TITLE NAME	<b>D</b> <b>COOPER, JOHN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>6816 A1A AVE.</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32086</b>	
TITLE NAME	<b>P</b> <b>VERBECK, BRENDA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>6240 A1A SOUTH, #U-311</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32084</b>	
TITLE NAME	<b>D</b> <b>FYFFE, HERB</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>14701 SUNSET LANE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33330</b>	
TITLE NAME	<b>D</b> <b>SHEA, PAUL</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>6240 A1A SOUTH, #U-210</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE FL 32084</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>Director</b> <b>Reber Cooley</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>4052 Riverchase SE</b>	
CITY-ST-ZIP	<b>Marietta, GA 30067</b>	
TITLE NAME	<b>S</b> <b>Suzanne Sawyer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>57 Halidon Ct.</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33418</b>	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>D</b> <b>Joe Conner [Kham-Tech]</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>6816 A Avenue</b>	
CITY-ST-ZIP	<b>St. Augustine, FL 32086</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: REQUIRE CONNER, JR. **5/1/00** **904-471-2600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)