2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#759466

FILED Apr 27, 2005 Secretary of State

Entity Name: THE BAREFOOT TRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6240 A1A SOUTH ST AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 6240 A1A SOUTH ST AUGUSTINE, FL 32084 US FEI Number: 59-2148945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WISE, BONNIE J ALLIGOOD, JUDY S 6240 A1A SOUTH 3942 A1A SOUTH SAINT AUGUSTINE, FL 32084 US SAINT AUGUSTINE, FL 32080 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: JUDY S. ALLIGOOD 04/27/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROBERTS, WILLAIM Name: Name: 602 CLEVELAND AVE. Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: Title: () Delete Title: () Change () Addition COOLEY, PETER Name: Name: Address: 4052 RIVERCLIFF CHASE SE Address: City-St-Zip: MARIETTA, GA 30067 City-St-Zip: Title: () Delete Title: (X) Change () Addition SAWYER, SUZANNE Name: FYFFE, BEVERLY Name: Address: 7 HALIDON CT Address: 14701 SUNSET LANE City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: S.W. RANCHES, FL 33330 Title: () Delete Title: (X) Change () Addition BECKETT, CATHY Name: Name: BECKETT, CATHY 2001 COUNTRY CLUB TERRACE 2001 COUNTRY CLUB TERRACE Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177 Title: () Delete Title: (X) Change () Addition ARCHAMBO, NORMAN ARCHAMBO, NORMAN Name: Name: **ROUTE 7, BOX 1709 ROUTE 7, BOX 1709** Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177 Title: (X) Delete Title: () Change () Addition CARTER, SUSAN Name: Name: Address: 2458 NW 15TH PLACE Address: GAINESVILLE, FL 32605 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM ROBERTS P 04/27/2005