2006 FOR PROFIT CORPORATION

Mar 06, 2006 8:00 am Secretary of State ANNUAL REPORT 03-06-2006 90002 035 ***150.00 DOCUMENT # H34560 1. Entity Name BAREFOOT TRACE PROPERTY OWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address % KATHY C. JONES % KATHY C. JONES 3068 HAWKS LANDING DR. 3068 HAWKS LANDING DR. TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032006 CR2E034 (11/05) City & State City & State 4. FEI Numbe Applied For **NOT APPLICABLE** Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRIS, FRED F., JR. Street Address (P.O. Box Number is Not Acceptable) 101 E. COLLEGE AVE. TALLAHASSEE, FL 32301 City Zip Code F١ 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FERRIE, MICHAEL A NAME NAME 7036 SPENCER ROAD STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ■ Addition MARTIN, ELIZABETH R NAME NAME STREET ADDRESS 3834 LONGFORD DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-7IP Change ■ Addition TITLE ☐ Delete TITLE Hidding, Mitzy 7985 saddle Ridge Drive HIDDING, MITZY NAME 1249 PITTS RD. STREET ADDRESS STREET ADDRESS ATLANTA, GA 30350 CITY-ST-ZIP CITY-ST-ZIP Atlanta GA 30350 TITLE ☐ Delete TITLE ☐ Change Addition JONES, KATHY C NAME NAME 3068 HAWKS LANDING DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change . ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 607, 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.

ecretary

CITY-ST-ZIP

SIGNATURE: \

CITY-ST-ZIP

03-03-06

250-907-5078

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