

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: 6240 A1A SOUTH ST AUGUSTINE FL 32084  
Mailing Address: BAREFOOT TRACE CONDO 6240 A1A SOUTH ST. AUGUSTINE, FL. 32084

3. Date Incorporated or Qualified: 07/30/1981  
3a. Date of Last Report: 03/15/1995  
4. FEI Number: 59-2148945  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
City & State: 27  
Zip: 24  
Country: 25  
City & State: 27  
Zip: 28  
Country: 30

9. Name and Address of Current Registered Agent  
**JACOBS, JACOBS AND ASSOC.  
1093 A1A BEACH BLVD  
STE 355  
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent  
81 Name: Richard Kane  
82 Street Address (P.O. Box Number is Not Acceptable): 6240 A1A SOUTH  
83  
84 City: ST. AUGUSTINE FL  
85 Zip Code: 32084

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: *[Signature]*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	LEGRAND, ROSS	1.2 NAME	KANE, RICHARD
STREET ADDRESS	6240 A1A #101	1.3 STREET ADDRESS	6240 A1A SOUTH
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084
TITLE	D	2.1 TITLE	S
NAME	WHITTEN, WILLIAM	2.2 NAME	MERGENOVICH, AGATHA
STREET ADDRESS	6240 A1A SO, #104	2.3 STREET ADDRESS	6240 A1A SOUTH
CITY-ST-ZIP	ST AUGUSTINE FL	2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084
TITLE	D	3.1 TITLE	T
NAME	CHALLACOMBE, WEBSTER	3.2 NAME	WHITE, MARDEE
STREET ADDRESS	6240 A1A #413	3.3 STREET ADDRESS	6240 A1A SOUTH
CITY-ST-ZIP	ST AUGUSTINE FL	3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	P	4.1 TITLE	D
NAME	TAYLOR, T. C.	4.2 NAME	SHEA, ROSE
STREET ADDRESS	3065 REVELS ROAD	4.3 STREET ADDRESS	6240 A1A SOUTH
CITY-ST-ZIP	GREEN COVE SPRGS. FL	4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084
TITLE	D	5.1 TITLE	
NAME	CHENEY, MARY	5.2 NAME	
STREET ADDRESS	6240 A1A #202	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	VERBECK, X	6.2 NAME	
STREET ADDRESS	6240 A1A SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)