


FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra W. Mortimer</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759466 (6)**  
1. Corporation Name  
**THE BAREFOOT TRACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>6240 A1A SOUTH ST AUGUSTINE FL 32084</b>	Mailing Address <b>BAREFOOT TRACE CONDO 6240 A1A SOUTH ST. AUGUSTINE FL 32084-7567 US</b>
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3. Date Incorporated or Qualified <b>07/30/1981</b>	3a. Date of Last Report <b>06/17/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

4. FEI Number <b>59-2148945</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**None Required  
6240 A1A SOUTH  
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name <b>Agatha Mergenovich</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6240 A1A South #301</b>
83 City <b>St. Augustine</b>
84 State <b>FL</b>
85 Zip Code <b>32084</b>

M. 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: *Agatha Mergenovich* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEONARD ROSS</b>	1.2 NAME	<b>ASA COX</b>
STREET ADDRESS	<b>6240 A1A SOUTH</b>	1.3 STREET ADDRESS	<b>6240 A1A South #407</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	1.4 CITY-ST-ZIP	<b>St Augustine, Fl.</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERGENOVICH, AGATHA</b>	2.2 NAME	<b>Agatha Mergenovich</b>
STREET ADDRESS	<b>6240 A1A SOUTH</b>	2.3 STREET ADDRESS	<b>6240 A1A South #301</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	2.4 CITY-ST-ZIP	<b>St. Augustine, Fl.</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHITE, MARDEE</b>	3.2 NAME	<b>Kayda Feeley</b>
STREET ADDRESS	<b>6240 A1A SOUTH</b>	3.3 STREET ADDRESS	<b>6240 A1A South #105</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	3.4 CITY-ST-ZIP	<b>St. Augustine, Fl</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHEA, ROSE</b>	4.2 NAME	<b>Bill Whitten</b>
STREET ADDRESS	<b>6240 A1A SOUTH</b>	4.3 STREET ADDRESS	<b>6240 A1A South #104</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	4.4 CITY-ST-ZIP	<b>St. Augustine, Fl.</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSE MARGARET SHEA</b>	5.2 NAME	<b>Bill Haas</b>
STREET ADDRESS	<b>6240 A1A SOUTH</b>	5.3 STREET ADDRESS	<b>6240 A1A South #206</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	5.4 CITY-ST-ZIP	<b>St. Aug, Fl.</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Agatha Mergenovich* #19/97

CR2E037 (9/96)