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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 6240 A1A SOUTH ST AUGUSTINE FL 32084	Mailing Address BAREFOOT TRACE CONDO 6240 A1A SOUTH ST. AUGUSTINE FL 32084 US
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3. Date Incorporated or Qualified 07/30/1981	
4. FEI Number 59-2148945	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
25	30

9. Name and Address of Current Registered Agent

**MERGENOVICH, AGATHA
6240 A1A SOUTH #301
ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name MAY Management Services, Inc.	
82 Street Address (P.O. Box Number is Not Acceptable) 4320 U.S. Highway A1A South, Suite 2	
83 City St. Augustine, Florida 32084	
84 City	85 Zip Code FL

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 *Brenda B. Verbeck*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	COX, ASA	
STREET ADDRESS	6240 A1A SOUT #407	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MERGENOVICH, AGATHA	
STREET ADDRESS	6240 A1A SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITE, MARDEE	
STREET ADDRESS	6240 A1A SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHEA, ROSE	
STREET ADDRESS	6240 A1A SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERRELL, KAYDA	
STREET ADDRESS	6240 A1A SOUTH, #105	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P
2.3 STREET ADDRESS	President
2.4 CITY-ST-ZIP	William Haas
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	6240 A1A South, U-206
3.3 STREET ADDRESS	St. Augustine, FL 32084
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	Treasurer
4.4 CITY-ST-ZIP	Brenda Verbeck
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S
5.3 STREET ADDRESS	6240 A1A South, U-311
5.4 CITY-ST-ZIP	St. Augustine FL 32084
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Paul Shea
6.4 CITY-ST-ZIP	6240 A1A South, U-210
	St. Augustine, FL 32084

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 *Brenda B. Verbeck*

CR2E037 (10/97)