

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 05, 2000 8:00 am
Secretary of State

05-18-2000 90332 026 ****61.25

DOCUMENT # 759466

1. Entity 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 32084-7567
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number **59-2148945**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**FARMER, RONALD R CPA
 6240 A1A SOUTH
 ST AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

FILE NOW: FEE IS \$81.25.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	V ROBERTS, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	602 CLEVELAND AVE.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE NAME	S HAAS, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6240 A1A SOUTH, #U-206	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE NAME	D COOPER, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6816 A1A AVE.	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE NAME	P VERBECK, BRENDA	<input type="checkbox"/> Delete
STREET ADDRESS	6240 A1A SOUTH, #U-311	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE NAME	D FYFFE, HERB	<input type="checkbox"/> Delete
STREET ADDRESS	14701 SUNSET LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	
TITLE NAME	D SHEA, PAUL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6240 A1A SOUTH, #U-210	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Director Reber Cooley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4052 Riverchase SE	
CITY-ST-ZIP	Marietta, GA 30067	
TITLE NAME	S Suzanne Sawyer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	57 Halidon Ct.	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Joe Conner [Kham-Tech]	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6816 A Avenue	
CITY-ST-ZIP	St. Augustine, FL 32086	

12. I 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 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 617, 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.

SIGNATURE: **REQUIRE CONNER, JR.** *5/1/00* **904-471-2600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)