

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90156 031 \*\*\*150.00

**DOCUMENT #** 759466  
1. Entity Name **THE BAREFOOT TRACE CONDOMINIUM ASSOCIATION, INC.** ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **6240 A1A SOUTH** 3. Mailing Address **6240 A1A SOUTH**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **ST. AUGUSTINE** City & State **ST. AUGUSTINE, FL**

4. FEI Number **59-2148945** Applied For  Not Applicable

Zip **32084** Cou. **FL** Zip **32084-7567** Country **US**

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

**DO NOT WRITE IN THIS SPACE**

Name **ALLEN, LUANN**  
Street Address (P.O. Box Number is Not Acceptable) **209 ANASTASIA BLVD.**  
City **ST. AUGUSTINE, FL** Zip Code **32086**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROBERTS, WILLIAM</b> <b>602 CLEVELAND AVE.</b> <b>PALATKA, FL 32177</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COOLEY, PETER</b> <b>4052 RIVER CLIFF CHASE S.E.</b> <b>MARIETTA, GA 30067</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SAWYER, SUZANNE</b> <b>7HALIDON COURT</b> <b>PALM BEACH GARDENS, FL 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECKETT, CATHY</b> <b>2001 COUNTRY CLUB TERRACE</b> <b>PALATKA, FL 32177</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARCHAMBO, NORMAN</b> <b>ROUTE 77 BOX 1709</b> <b>PALATKA, FL 32177</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARTER, SUSAN</b> <b>2458 NW 15TH PLACE</b> <b>GAINSVILLE, FL 32605</b>

**DO NOT WRITE IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: W.W. Roberts 4/26/02 386/325-2064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)