


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90023 025 ****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 6240 A1A SOUTH ST AUGUSTINE, FL 32084 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2148945	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALER, RICHARD L JR 100 WALER WAY, SUITE 1 SAINT AUGUSTINE, FL 32086			Name: Bonnie J. Wise		
			Street Address (P.O. Box Number is Not Acceptable) 6240 A1A South		
			City: St. Augustine FL Zip Code: 32084		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Bonnie J. Wise</i>		Bonnie J. Wise, Manager		02/20/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, WILLIAM		NAME		
STREET ADDRESS	602 CLEVELAND AVE.		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOLEY, PETER		NAME		
STREET ADDRESS	4052 RIVERCLIFF CHASE SE		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA 30067		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAWYER, SUZANNE		NAME		
STREET ADDRESS	7 HALIDON CT		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BECKETT, CATHY		NAME		
STREET ADDRESS	2001 COUNTRY CLUB TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARCHAMBO, NORMAN		NAME		
STREET ADDRESS	ROUTE 7, BOX 1709		STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, SUSAN		NAME		
STREET ADDRESS	2458 NW 15TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
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: <i>William W. Roberts</i>		William W. Roberts		02/20/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 904-471-9212	