

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759466

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: THE BAREFOOT TRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6240 A1A SOUTH  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

6240 A1A SOUTH  
ST AUGUSTINE, FL 32084 US

**New Mailing Address:**

FEI Number: 59-2148945      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLIGOOD, JUDY S  
3942 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBERTS, WILLAIM  
Address: 602 CLEVELAND AVE.  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete  
Name: COOLEY, PETER  
Address: 4052 RIVERCLIFF CHASE SE  
City-St-Zip: MARIETTA, GA 30067

Title: D ( ) Delete  
Name: FYFFE, BEVERLY  
Address: 14701 SUNSET LANE  
City-St-Zip: S.W. RANCHES, FL 33330

Title: S ( ) Delete  
Name: BECKETT, CATHY  
Address: 2001 COUNTRY CLUB TERRACE  
City-St-Zip: PALATKA, FL 32177

Title: T ( ) Delete  
Name: ARCHAMBO, NORMAN  
Address: ROUTE 7, BOX 1709  
City-St-Zip: PALATKA, FL 32177

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FYFFE, BEVERLY  
Address: 1060 PEACHTREE DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: ARCHAMBO, NORMAN  
Address: 500 HWY. 19 SOUTH  
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Change (X) Addition  
Name: LANGBERG, NORMAN  
Address: 6240 A1A SOUTH #215  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY ALLIGOOD

RA

01/13/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date