

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759466

FILED
Feb 23, 2009
Secretary of State

Entity Name: THE BAREFOOT TRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6240 A1A SOUTH
ST AUGUSTINE, FL 32084 US

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, WILLIAM
Address: PO BOX 1037
City-St-Zip: PALATKA, FL 32178

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

Title: T () Delete
Name: LANGBERG, NORMAN
Address: 2101 ERIE STREET
City-St-Zip: BELLINGHAM, WA 98229

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

Title: D () Delete
Name: RISOTTI, JAMES
Address: 1 EAGLE DRIVE
City-St-Zip: READING, MA 01864

Title: D () Delete
Name: GODDARD, CAROLYN
Address: 2031 NW 47TH STREET
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: NORMAN LANGBERG

D

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date