

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759466

FILED  
Mar 04, 2011  
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  
Name: DOVER, WILLIAM  
Address: 6240 AIA SOUTH #105  
City-St-Zip: ST AUGUSTINE, FL 32080

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

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

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

Title: D  
Name: ROBERTS, WILLIAM  
Address: P O BOX 1037  
City-St-Zip: PALATKA, FL 32178

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

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN GOODARD

D

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date