

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90177 039 ****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**

10061706



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2148945**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, LUANN
209 ANASTASIA BLVD
ST AUGUSTINE FL 32080**

Name
Richard L. Waler, Jr, CPA

Street Address (P.O. Box Number is Not Acceptable)
100 Waler Way, Suite 1

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard L. Waler, Jr.

2/10/2003

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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
NAME	ROBERTS, WILLIAM	
STREET ADDRESS	602 CLEVELAND AVE.	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOLEY, PETER	
STREET ADDRESS	4052 RIVERCLIFF CHASE SE	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAWYER, SUZANNE	
STREET ADDRESS	7 HALIDON CT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECKETT, CATHY	
STREET ADDRESS	2001 COUNTRY CLUB TERRACE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARCHAMBO, NORMAN	
STREET ADDRESS	ROUTE 7, BOX 1709	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, SUSAN	
STREET ADDRESS	2458 NW 15TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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: *[Signature]* **SIGNATURE REQUIRED**

2/24/2003 (904) 471-9212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR