

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90146 037 \*\*\*150.00

**DOCUMENT # H34560**

1. Entity Name  
**BAREFOOT TRACE PROPERTY OWNER'S  
ASSOCIATION, INC.**



Principal Place of Business  
**% KATHY C. JONES  
3068 HAWKS LANDING DR.  
TALLAHASSEE, FL 32309**

Mailing Address  
**% KATHY C. JONES  
3068 HAWKS LANDING DR.  
TALLAHASSEE, FL 32309**

**40051264**



03062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HARRIS, FRED F., JR.  
101 E. COLLEGE AVE.  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
FERRIE, MICHAEL A  
7036 SPENCER ROAD  
TALLAHASSEE, FL 32312**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
MARTIN, ELIZABETH R  
3834 LONGFORD DRIVE  
TALLAHASSEE, FL 32309**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
HIDDING, MITZY  
7985 SADDLE RIDGE DR  
ATLANTA, GA 30350**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
JONES, KATHY C  
3068 HAWKS LANDING DR.  
TALLAHASSEE, FL 32309**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: Kathy C. Jones, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-22-07  
Date

850-907-5078  
Daytime Phone #