2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H34560

FILED Apr 07, 2009 Secretary of State

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

Current P	rincipal Place of Business:	New Principal Place of Business:
3068 HAW	C. JONES /KS LANDING DR. SSEE, FL 32309	
Current M	lailing Address:	New Mailing Address:
3068 HAW	C. JONES /KS LANDING DR. SSEE, FL 32309	
FEI Number:	: FEI Number Applied For ()	FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
101 E. CO	FRED F., JR. LLEGE AVE. SSEE, FL 32301 US	
	named entity submits this statement for the e of Florida.	e purpose of changing its registered office or registered agent, or both,
	5-	
SIGNATU		
SIGNATUF	Electronic Signature of Registered A	Agent Date
		Agent Date
Election Car	Electronic Signature of Registered A	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Election Car OFFICERS Fitle: Name: Address: City-St-Zip:	Electronic Signature of Registered Ampaign Financing Trust Fund Contribution (). S AND DIRECTORS: DP () Delete FERRIE, MICHAEL A 7036 SPENCER ROAD TALLAHASSEE, FL 32312	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: DP (X) Change () Addition Name: EUBANKS, ALICE Address: 4424 WAVECREST LANE City-St-Zip: PORT ST. JOE, FL 32456
Election Car	Electronic Signature of Registered Ampaign Financing Trust Fund Contribution (). S AND DIRECTORS: DP () Delete FERRIE, MICHAEL A 7036 SPENCER ROAD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: DP (X) Change () Addition Name: EUBANKS, ALICE Address: 4424 WAVECREST LANE
Election Car OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Registered Ampaign Financing Trust Fund Contribution (). S AND DIRECTORS: DP () Delete FERRIE, MICHAEL A 7036 SPENCER ROAD TALLAHASSEE, FL 32312 VP () Delete MARTIN, ELIZABETH R 3834 LONGFORD DRIVE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: DP (X) Change () Addition Name: EUBANKS, ALICE Address: 4424 WAVECREST LANE City-St-Zip: PORT ST. JOE, FL 32456 Title: () Change () Addition Name: Address:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY C. JONES SEC 04/07/2009