2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H34560

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

Current Principal Place of Business:

EMILE C. IVERSTINE 807 SAINT PIERRE COVE NICEVILLE, FL 32578

Current Mailing Address:

EMILE C. IVERSTINE 807 SAINT PIERRE COVE NICEVILLE, FL 32578 US

FEI Number: 81-4042755

Name and Address of Current Registered Agent:

IVERSTINE, EMILE EMILE C. IVERSTINE 807 SAINT PIERRE COVE NICEVILLE, FL 32578 US

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 | EMILE C. IVERSTINE | | | 02/01/2022 |
|---------------------------|---|-----------------|---------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | DIRECTOR/PRESIDENT | Title | DIRECTOR/SECRETARY | |
| Name | IVERSTINE, EMILE C | Name | IVERSTINE, GAIL K | |
| Address | EMILE C. IVERESTINE | Address | 807 SAINT PIERRE CV | |
| City-State-Zip: | 807 SAINT PIERRE COVE NICEVILLE FL 32578 | City-State-Zip: | NICEVILLE FL 32578 | |
| Only Olate Zip. | | | | |
| Title | DIRECTOR/TREASURER | | | |
| Name | WINSLOW, CHARITY | | | |
| Address | 2225 COMMONWEALTH AVE. | | | |
| City-State-Zip: | CHARLOTTE NC 28205 | | | |

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

SIGNATURE: EMILE C. IVERSTINE

PRESIDENT

02/01/2022 Date

Electronic Signature of Signing Officer/Director Detail

FILED Feb 01, 2022 Secretary of State 3447026403CC

Certificate of Status Desired: No