


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90090 045 ****61.25

DOCUMENT # N01000000070

1. Entity Name
BARTRAM PLANTATION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 233 E BAY STREET
 1010 BLACKSTONE BLDG
 JACKSONVILLE, FL 32202

Mailing Address
 233 E BAY STREET
 1010 BLACKSTONE BLDG
 JACKSONVILLE, FL 32202

44038169



2. Principal Place of Business
Signature Realty
 Suite, Apt. #, etc.
 4003 Hartley Rd.

3. Mailing Address
Signature Realty
 Suite, Apt. #, etc.
 4003 Hartley Rd.

04202004 Chg-NP CR2E037 (10/03)

City & State
 Jacksonville, Fl.

City & State
 Jacksonville, Fl.

Zip
 32257

Country
 Duval

Zip
 32257

Country
 Duval

4. FEI Number
 59-3693699

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAWSON, CARL D JR
 233 E BAY STREET
 1010 BLACKSTONE BLDG
 JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name
Bryan Cantrell

Street Address (P.O. Box Number is Not Acceptable)
Signature Realty
 4003 Hartley Rd.

City
 Jacksonville

FL Zip Code
 32257

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]* DATE **4/21/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DAWSON, CARL D JR	
STREET ADDRESS	233 E BAY ST 1010 BLACKSTONE BLDG	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, WILLIAM R	
STREET ADDRESS	PO BOX 60, ORTEGA STATION	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, SUSAN	
STREET ADDRESS	233 E BAY ST 1010 BLACKSTONE BLDG	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 assignee 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]* **4244** **904-355-5509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CARL D DAWSON JR