


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90026 031 \*\*\*\*61.25

**DOCUMENT # N0100000070**

1. Entity Name  
**BARTRAM PLANTATION HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**SIGNATURE REALTY  
 4003 HARTLEY RD.  
 JACKSONVILLE, FL 32202**

Mailing Address  
**SIGNATURE REALTY  
 4003 HARTLEY RD.  
 JACKSONVILLE, FL 32202**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01242008 Chg-NP CR2E037 (12/08)

City & State  
 Zip Country

4. FEI Number  
**59-3693699**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**CANTRELL, BRYAN  
 SIGNATURE REALTY  
 4003 HARTLEY RD.  
 JACKSONVILLE, FL 32257**

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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 checked="" type="checkbox"/> Delete
NAME	CARR, JIM	
STREET ADDRESS	485 SUMMERSET DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOLDON, WAYNE	
STREET ADDRESS	4003 HARTLEY RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, DICK	
STREET ADDRESS	374 SUMMERSET DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SURER, JOHN	
STREET ADDRESS	2128 FOX TRAIL ST.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 36082	
TITLE	S	<input type="checkbox"/> Delete
NAME	FICHTE, SUSAN	
STREET ADDRESS	561 S. BRIDGE CREEK DR	
CITY-ST-ZIP	ST. JOHNS, FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUMLEY, THOMAS	
STREET ADDRESS	708 SPRING HAVEN DR.	
CITY-ST-ZIP	ST. JOHNS, FL 32259	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTER, JOHN	
STREET ADDRESS	509 DANDELION DR	
CITY-ST-ZIP	ST. JOHNS, FL 32259	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENER, CRYSTAL	
STREET ADDRESS	505 S. BRIDGE CREEK DR	
CITY-ST-ZIP	ST. JOHNS, FL 32259	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRAWAY, DENISE	
STREET ADDRESS	365 SUMMERSET DR	
CITY-ST-ZIP	ST. JOHNS, FL 32259	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLON, WAYNE	
STREET ADDRESS	461 SUMMERSET DR	
CITY-ST-ZIP	ST. JOHNS, FL 32259	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, RICHARD	
STREET ADDRESS	394 SUMMERSET DR.	
CITY-ST-ZIP	ST. JOHNS, FL 32259	
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 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 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:** Susan Fichte **SUSAN FICHTE** 2/01/2008 904-230-3007

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