

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000070

FILED  
Jan 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

SIGNATURE REALTY  
4003 HARTLEY RD.  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

SIGNATURE REALTY  
4003 HARTLEY RD.  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 59-3693699      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CANTRELL, BRYAN  
SIGNATURE REALTY  
4003 HARTLEY RD.  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BURNS, SAMUEL  
Address: 517 SOUTH BRIDGE CREEK DR  
City-St-Zip: ST JOHNS, FL 32259

Title: D  
Name: REGISTER, DAN  
Address: 809 COPPER LEAF CT  
City-St-Zip: ST. JOHNS, FL 32259

Title: D  
Name: CARRAWAY, DENISE  
Address: 365 SUMMERSET DR  
City-St-Zip: ST JOHNS, FL 32259

Title: T  
Name: GOLON, WAYNE  
Address: 461 SUMMERSET DR  
City-St-Zip: ST JOHNS, FL 32259

Title: S  
Name: ARGOTT, GRAHAM  
Address: 449 SUMMERSET DR  
City-St-Zip: ST. JOHNS, FL 32259

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

SIGNATURE: SAMUEL BURNS

PRES

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date