


FILED
Apr 15, 2005 8:00 am
Secretary of State

60004347


DOCUMENT # N02000006153	
1. Entity Name BARTRAM DOWNS HOMEOWNERS ASSOCIATION, INC.	
	

Secretary of State

04-15-2005 90107 004 ****61.25

Principal Place of Business 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207	Mailing Address 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207
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60004047



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03282005 Chg-NP CR2E037 (10/03)

4. FEI Number
56-2335239 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent L. RANDALL TOWERS 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207	
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7. Name and Address of New Registered Agent	
Name WILLIAM HART	
Street Address (P.O. Box Number is Not Acceptable) 1914 ART MUSEUM DR.	
City JACKSONVILLE	FL Zip Code 32207

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 WILLIAM HART [Signature] 4/11/2005
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP L. RANDALL TOWERS 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAM HART 1914 ART MUSEUM DR JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PYBURN, WILLIAM T III 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PHILIP CURRY 12627 SAN JOSE BLVD. S. #706 JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TROUP, KEVIN L 1914 ART MUSEUM DRIVE JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PETE B THIVIEROS 572 BLACK FOREST DR. JACKSONVILLE, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: WILLIAM HART [Signature] 4/11/05 904-399-0134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #