

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90123 048 ****61.25

DOCUMENT # N02000006153

1. Entity Name

BARTRAM DOWNS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**1914 ART MUSEUM DRIVE
JACKSONVILLE FL 32207**

Mailing Address

**1914 ART MUSEUM DRIVE
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**L. RANDALL TOWERS
1914 ART MUSEUM DRIVE
JACKSONVILLE FL 32207**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **D** ☐ Delete
NAME **L. RANDALL TOWERS**
STREET ADDRESS **1914 ART MUSEUM DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PYBURN, WILLIAM T III**
STREET ADDRESS **1914 ART MUSEUM DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **DV** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TROUPE, KEVIN**
STREET ADDRESS **1914 ART MUSEUM DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **DT** ☒ Change ☐ Addition
NAME **TROUP, KEVIN L**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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: **KEVIN L TROUP** REQUIRED

3/3/03 (904) 399-0124

CR2E037 (10/02)

Attachment

10058202
N0200006153Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0043

1 Legal name of entity (or individual) for whom the EIN is being requested BARTRAM DOWNS HOMEOWNERS ASSOCIATION, INC.		2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name	
4a Mailing address (room, apt., suite no. and street, or P.O. box) 1914 Art Museum Drive		5a Street address (if different) (Do not enter a P.O. box.)			
4b City, state, and ZIP code Jacksonville, FL 32207		5b City, state, and ZIP code			
6 County and state where principal business is located Duval County, Florida					
7a Name of principal officer, general partner, grantor, owner, or trustor L. Randall Towers, President				7b SSN, ITIN, or EIN	
8a Type of entity (check only one box):					
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> Personal service corp. <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/tribe <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Homeowner Assoc. <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal government enterprise <input type="checkbox"/> Other (specify) ▶ Group Exemption Number (GEN) ▶					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Florida		Foreign country	
9 Reason for applying (check only one box):					
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶					
10 Date business started or acquired (month, day, year) August 14, 2002				11 Closing month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date in name will first be paid to nonresident alien. (month, day, year)					
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-".				Agricultural Household Other	
14 Check one box that best describes the principal activity of your business.					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/retailer of <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify)					
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.					
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if any was. Approximate date when filed (mo., day, year) City and state where filed Previous EIN					
Third Party Designee					
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.					
Designee's name Frank E. Miller				Designee's telephone number (include area code) (904) 353-930	
Address and ZIP code 200 W. Forsyth Street, Suite 1400, Jax, FL 32202				Designee's fax number (include area code) (904) 353-127	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
Name and title (Type or print clearly) ▶ L. Randall Towers, President				Applicant's telephone number (include area code) (904) 399-031	
Signature ▶ <i>[Signature]</i> Date ▶ 3/25/03				Applicant's fax number (include area code) (904) 396-713	