

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90044 016 ****61.25

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1. Entity Name
BARTRAM SPRINGS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**463499 STATE ROAD 200
YULEE, FL 32097 US**

Mailing Address
**P.O. BOX 1987
YULEE, FL 32041-987 US**

50002274



03212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
414 Old Hard Road

3. Mailing Address
414 Old Hard Road

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Orange Park, FL

City & State
Orange Park, FL

4. FEI Number
04-3734732

Applied For
Not Applicable

Zip
32003

Country
US

Zip
32003

Country
US

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

6. Name and Address of Current Registered Agent

**POWELL, TERRELL J
463499 STATE ROAD 200
YULEE, FL 32097**

7. Name and Address of New Registered Agent

Name
Shirley Smith

Street Address (P.O. Box Number is Not Acceptable)
414 Old Hard Road

Suite 201

City
Orange Park

FL Zip Code
32003

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. **Shirley Smith**

SIGNATURE

Shirley Smith

3-24-08

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

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GILLETTE, J. THOMAS III
1200 RIVERPLACE BLVD. #630
JACKSONVILLE, FL 32207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BREEDLOVE, GREG
7800 BELFORT PARKWAY #200
JACKSONVILLE, FL 32256** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
REY, DAVID
101 EAST TOWN PLACE #700
ST. AUGUSTINE, FL 32092** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KEATING, DAVID
1845 TOWN CENTER BLVD. #200
ORANGE PARK, FL 32003** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Tara Back
6084 Green Pond Dr
Jacksonville, FL 32258** ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Pam Jones
6273 Magnolia Springs Ln
Jacksonville, FL 32258** ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Ilene Lansaw
6285 Magnolia Springs Ln.
Jacksonville, FL 32258** ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Kim Radcliffe
6238 Cherry Lake Dr N
Jacksonville, FL 32258** ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
Jim Robinett
6344 Courtney Crest Ln
Jacksonville, FL 32258** ☐ Change ☒ Add

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Tara Back* *Mar 28 2008* *Tara Back*