

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007364

FILED
Mar 16, 2009
Secretary of State

Entity Name: BARTRAM SPRINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

414 OLD HARD RD STE 201
ORANGE PARK, FL 32003 US

New Principal Place of Business:

414 OLD HARD RD STE 201
FLEMING ISLAND, FL 32003 US

Current Mailing Address:

414 OLD HARD RD STE 201
ORANGE PARK, FL 32003 US

New Mailing Address:

414 OLD HARD RD STE 201
FLEMING ISLAND, FL 32003 US

FEI Number: 04-3734732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SHIRLEY
414 OLD HARD RD STE 201
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

SMITH, SHIRLEY
414 OLD HARD RD STE 201
FLEMING ISLAND, FL 32003 US

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:

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BACK, TARA
Address: 6084 GREEN POND DR
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD () Delete
Name: JONES, PAM
Address: 6273 MAGNOLIA SPRINGS LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: T () Delete
Name: LANSAW, ILENE
Address: 6285 MAGNOLIA SPRINGS LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: S () Delete
Name: RADCLIFFE, KIM
Address: 6238 CHERRY LAKE DR N
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD () Delete
Name: ROBINETT, JIM
Address: 6344 COURTNEY CREST LANE
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LANSAW, ILENE
Address: 6285 MAGNOLIA SPRINGS LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD (X) Change () Addition
Name: BACK, TARA
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: FLEMING ISLAND, FL 32003

Title: D (X) Change () Addition
Name: DUNCAN, LYNOR
Address: 6018 GREEN POND DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: STD (X) Change () Addition
Name: RADCLIFFE, KIM
Address: 6238 CHERRY LAKE DR N
City-St-Zip: JACKSONVILLE, FL 32258

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY SMITH

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date