2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

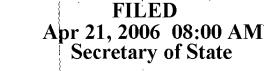
DOCUMENT # N04000003931

1. Entity Name

BARTRAM DOWNS UNIT THREE HOMEOWNERS

ASSOCIATION, INC. Principal Place of Business Mailing Address

1914 ART MUSEUM DR 1914 ART MUSEUM DR IACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207





DO NOT WRITE IN THIS SPACE

02212006 No Chg-NP CR2E037 (11/05)

Applied For FEI Number 20-1013876 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fes Required

4. Name and Address of Current Registered Agent

TOWERS, VICTORIA D 1914 ART MUSEUM DR JACKSONVILLE, FL 32207

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

				}	•	
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 Species, typed a printed remay of recisioned goest and title it exposes its. INCITE Recisioned Accord standard experimentational (
Signature, type-of as printed reams of registrated agent and (tile it applicable). [NOTE: Registrated Agent alguature required when reinstaking) DATE						
	Filing Fee is \$61.25 Due by May 1, 2006	 Election Campaign Finance Trust Fund Contribution. 	cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-DP	DS TOWERS, WICTORIA D 1914 ART MUSEUM DR JACKSONVILLE, FL 32207				1	- - - - -
TITLE NAME STREET ADDRESS CITY-ST-ZIF	DP PYBURN, WILLIAM T III 1914 ART MUSEUM DR JACKSONVILLE, FL 32207				U00000524775 05/04/06-80003-023 61	.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TROUP, KEVIN 1914 ART MUSEUM DR JACKSONVILLE, FL 32207	-		DO	NOT WRITE	
TITLE NAME STRIZI ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	
TITLE MAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			!		1 1 1	
12. I hereby of indicated of the conchanged,	certify that the information supplied with this fil on this report or supplemental report is true as poration or the receiver or these empowers or on an attachment with an address, with all	ing does not qualify for the exent not accurate and that my signature to execute this report as require other tike empowered.	nptions cont re shall have d by Chapte	ained in Chapter 119, if the same legal effect a or 617, Florida Statutes;	Florida Statutes. I further certify that the into is if made under oath, that I am an officer of and that my name eppears in Block 10 or E	ormetion r director Block 11 If

E OF STUNING OFFICER OR DIRECTOR