

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90170 032 ****61.25

DOCUMENT # N04000003931					
1. Entity Name BARTRAM DOWNS UNIT THREE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1914 ART MUSEUM DR JACKSONVILLE, FL 32207			Mailing Address 1914 ART MUSEUM DR JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5455 AIA South			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State St. Augustine FL		4. FEI Number 20-1013876	
Zip		Country 32080		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOWERS, VICTORIA D 1914 ART MUSEUM DR JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name <u>MAY Management Services</u> Street Address (P.O. Box Number is Not Acceptable) 5455 AIA South City <u>St. Augustine</u> FL <u>32080</u>		
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 <u>[Signature]</u> DATE <u>4/9/07</u> <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DS TOWERS, VICTORIA D 1914 ART MUSEUM DR JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JASON BUDDS, PRES. c/o MAY MGMT. 5455 AIA SOUTH ST. AUGUSTINE FL 32080	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PYBURN, WILLIAM T III 1914 ART MUSEUM DR JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHELINE HONORAT, V.P. c/o MAY MGMT. 5455 AIA SOUTH ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TROUP, KEVIN 1914 ART MUSEUM DR JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLES MUSIL, TREASURER c/o MAY MGMT. 5455 AIA SOUTH ST. AUGUSTINE, FL 32080	<input checked="" type="checkbox"/> Change <input checked="" 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 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u>			Date <u>4/2/07</u> Daytime Phone # <u>904 940 4981</u>		