


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90026 010 \*\*\*\*61.25

<b>DOCUMENT # N04000003931</b> 1. Entity Name BARTRAM DOWNS UNIT THREE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1914 ART MUSEUM DR JACKSONVILLE, FL 32207	Mailing Address 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080
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**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1013876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  MAY MANAGEMENT SERVICES 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUDDS, JASON 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HONORAT, MICHELINE 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUSIL, CHARLES 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080
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IN THIS SPACE**

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 file empowered.

**SIGNATURE:** Charles A. Musil 2-9-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #