2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# N04000003931

Entity Name: BARTRAM DOWNS UNIT THREE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1914 ART MUSEUM DR
JACKSONVILLE, FL 32207

New Principal Place of Business:

216 TOWERS RANCH DR.
ST. AUGUSTINE, FL 32092

Current Mailing Address:

5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

PO BOX 6000854
JACKSONVILLE, FL 32260

FEI Number: 20-1013876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

BURKA, BRANDY D MRS.
216 TOWERS RANCH DR.
SAINT AUGUSTINE, FL 32092 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: BRANDY BURKA 10/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BUDDS, JASON
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: V ( ) Delete
Name: HONORAT, MICHELINE
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T ( ) Delete
Name: MUSIL, CHARLES
Address: 5455 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CRONIN, JOSEPH
Address: PO BOX 6000854
City-St-Zip: JACKSONVILLE, FL 32260

Title: V (X) Change ( ) Addition
Name: HENNESSEY, JIM
Address: PO BOX 6000854
City-St-Zip: JACKSONVILLE, FL 32260

Title: T (X) Change ( ) Addition
Name: BURKA, BRANDY
Address: PO BOX
City-St-Zip: JACKSONVILLE, FL 32260

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: BRANDY BURKA T 10/21/2009
Electronic Signature of Signing Officer or Director Date