

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90169 011 ****61.25

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DOCUMENT # N04000010360 1. Entity Name BARTRAM WALK OWNERS' ASSOCIATION, INC.																																																																																																																																									
Principal Place of Business 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257			Mailing Address 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257																																																																																																																																						
2. Principal Place of Business - No P.O. Box # 1551 ATLANTIC BLVD.		3. Mailing Address P.O. BOX 47050																																																																																																																																							
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc.																																																																																																																																							
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 20-1860984																																																																																																																																					
Zip 32207		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent FRICK, DREW D 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name LARRY MATTHEWS Street Address (P.O. Box Number is Not Acceptable) 1551 ATLANTIC BLVD. Suite 300 City Jacksonville FL Zip Code 32207																																																																																																																																							
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><i>Larry Matthews</i></u> 4/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
Filing Fee is \$61.25 Due by May 1, 2008		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																																																																																																																																									
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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><i>Larry Matthews</i></u> 4/29/08 (904) 398-7350 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									