2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

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Entity Name: BARTRAM WALK OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1551 ATLANTIC BLVD STE 300
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47050
JACKSONVILLE, FL 32247 US

New Mailing Address:

FEI Number: 20-1860984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATTHEWS, LARRY
1551 ATLANTIC BLVD. STE 300
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HAMILTON, REBECCA M
Address: 9540 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVST ( ) Delete
Name: BRADY, KATHY J
Address: 9540 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVP ( ) Delete
Name: MATTHEWS, LARRY
Address: 1551 ATLANTIC BLVD. STE. 300
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition
Name: YUHAS, MELISSA
Address: 9540 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32257

Title: DV (X) Change ( ) Addition
Name: BRADY, KATHY J
Address: 9540 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

Title: DP (X) Change ( ) Addition
Name: MATTHEWS, LARRY
Address: 1551 ATLANTIC BLVD. STE. 300
City-St-Zip: JACKSONVILLE, FL 32207

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: LARRY MATTHEWS DP 04/15/2009

Electronic Signature of Signing Officer or Director — Date