

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010857

FILED  
Mar 02, 2006  
Secretary of State

**Entity Name:** BARTRAM EXECUTIVE PARK MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

150 WARREN CIRCLE SUITE 1  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

1633 RACE TRACK ROAD  
SUITE 206  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

150 WARREN CIRCLE SUITE 1  
JACKSONVILLE, FL 32259

**New Mailing Address:**

1633 RACE TRACK ROAD  
SUITE 206  
JACKSONVILLE, FL 32259

**FEI Number:** 20-3590844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JENNINGS, JUDITH C  
150 WARREN CIRCLE SUITE 1  
JACKSONVILLE, FL 32259 US

**Name and Address of New Registered Agent:**

JENNINGS, JUDITH C  
1629 RACE TRACK ROAD  
SUITE 206  
JACKSONVILLE, FL 32259 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:

03/02/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JENNINGS, JUDITH C  
Address: 150 WARREN CIRCLE SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VD ( ) Delete  
Name: CAMPBELL, JOHN B JR  
Address: 150 WARREN CIRCLE SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32259

Title: STD ( ) Delete  
Name: GALLAGHER, LUCINDA L  
Address: 150 WARREN CIRCLE SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: JENNINGS, JUDITH C  
Address: 1629 RACE TRACK ROAD #206  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VD (X) Change ( ) Addition  
Name: CAMPBELL, JOHN B JR  
Address: 1633 RACE TRACK ROAD  
City-St-Zip: JACKSONVILLE, FL 32259

Title: STD (X) Change ( ) Addition  
Name: GALLAGHER, LUCINDA L  
Address: 1629 RACE TRACK ROAD  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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: LUCINDA L GALLAGHER

STD

03/02/2006

Electronic Signature of Signing Officer or Director

Date