

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011134

FILED
Mar 02, 2006
Secretary of State

Entity Name: BARTRAM EXECUTIVE PARK CONDOMINIUM 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: 20-3585402

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: CAMPBELL, JOHN B JR
Address: 1633 RACE TRACK ROAD SUITE 206
City-St-Zip: JACKSONVILLE, FL 32259

Title: DST (X) Change () Addition
Name: GALLAGHER, LUCINDA L
Address: 1633 RACE TRACK ROAD SUITE 206
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

DST

03/02/2006

Electronic Signature of Signing Officer or Director

Date