

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90007 021 ****61.25

DOCUMENT # N06000005284

1. Entity Name

BARTRAM FARMS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**1914 ART MUSEUM DR
JACKSONVILLE FL 32207**

Mailing Address

**1914 ART MUSEUM DR
JACKSONVILLE FL 32207**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-4881252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

**TROUP, KEVIN L
1914 ART MUSEUM DR
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

LEWIS LEVI RITTER IV

Street Address (P.O. Box Number is Not Acceptable)

1914 ART MUSEUM DR

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	Delete
NAME	CELLAR, BILL	
STREET ADDRESS	4686 SUNBEAM RD STE 102	
CITY-STATE-ZIP	JACKSONVILLE FL 32257	
TITLE	D	Delete
NAME	SHACTER, DAVID	
STREET ADDRESS	6101 GAZEBO PK PL N STE 107	
CITY-STATE-ZIP	JACKSONVILLE FL 32257	
TITLE	D	Delete
NAME	TROUP, KEVIN	
STREET ADDRESS	1914 ART MUSEUM DR	
CITY-STATE-ZIP	JACKSONVILLE FL 32207	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Change	Addition
NAME	LEWIS LEVI RITTER, IV		
STREET ADDRESS	1914 ART MUSEUM DR.		
CITY-STATE-ZIP	JACKSONVILLE, FL 32207		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

LEWIS LEVI RITTER IV

2/6/08

904-399-0134