

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90023 007 ****61.25

DOCUMENT # N47800

1. Entity Name
BARTRAM OWNERS' ASSOCIATION, INC.



Principal Place of Business
4131 NW 13TH ST
SUITE 207
GAINESVILLE, FL 32609 US

Mailing Address
901 NW 8TH AVE
SUITE A-6
GAINESVILLE, FL 32601 US

60042744



2. Principal Place of Business - No P.O. Box #
901 NW 8th Avenue

3. Mailing Address
901 NW 8th Avenue

Suite, Apt. #, etc.
Suite A-6

Suite, Apt. #, etc.
Suite A-6

02262008 Chg-NP CR2E037 (12/06)

City & State
Gainesville, FL

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Gainesville, FL

4. FEI Number
59-3109488

Applied For
Not Applicable

Zip **32601** Country **USA**

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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, SALLY A
SUN LU PROPERTIES, INC
901 NW 8TH AVE SUITE A-6
GAINESVILLE, FL 32601**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Sally Wilson

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-08

**Filing 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 **P** ☒ Delete
NAME **COLEMAN, AVALON**
STREET ADDRESS **610 NW 39TH DR**
CITY-STATE-ZIP **GAINESVILLE, FL 32606**

TITLE **D** ☐ Delete
NAME **PATALINGHUG, NIKITA**
STREET ADDRESS **10535 NW 36TH LANE**
CITY-STATE-ZIP **GAINESVILLE, FL 32606**

TITLE **D** ☐ Delete
NAME **KAMMAN, ROYCE**
STREET ADDRESS **3945 NW 7TH PL**
CITY-STATE-ZIP **GAINESVILLE, FL 32607**

TITLE **VP** ☐ Delete
NAME **RESNICK, WENDY**
STREET ADDRESS **639 NW 39TH DR**
CITY-STATE-ZIP **GAINESVILLE, FL 32607**

TITLE **ST** ☐ Delete
NAME **CREEL, HOLLY**
STREET ADDRESS **631 NW 39TH DR**
CITY-STATE-ZIP **GAINESVILLE, FL 32609**

TITLE **D** ☐ Delete
NAME **GAVALLINO, RICARDO**
STREET ADDRESS **13826 S HWY 441**
CITY-STATE-ZIP **MICANOPY, FL 32667**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/D Richard Sanders** ☒ Change ☐ Addition
NAME **3920 NW 7th Place**
STREET ADDRESS **Gainesville, FL 32606**
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Sanders

Feb 26 / 08 352 378-2288

Date

Daytime Phone #