


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90194 004 \*\*\*\*61.25

<b>DOCUMENT # N98000004800</b> 1. Entity Name <b>BARTRAM TRAIL HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>SIGNATURE REALTY &amp; MGMT. 4005 HARTLEY RD. JACKSONVILLE, FL 32257</b>			Mailing Address <b>SIGNATURE REALTY &amp; MGMT. 4005 HARTLEY RD. JACKSONVILLE, FL 32257</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3531802</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SIGNATURE REALTY &amp; MANAGEMENT 4005 HARTLEY RD. JACKSONVILLE, FL 32257</b> <i>4003 Hartley Rd.</i>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEAN, RICHARD</b>		NAME		
STREET ADDRESS	<b>264 N. BARTRAM TRAIL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32259</b>		CITY-ST-ZIP		
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SEARS, CHRIS</b>		NAME	<i>RT Otten</i>	
STREET ADDRESS	<b>217 NORTH BARTRAM TRAIL</b>		STREET ADDRESS	<i>217 N. Bartram Trail</i>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32259</b>		CITY-ST-ZIP	<i>Jax, FL 32259</i>	
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANDERSON, TIM</b>		NAME		
STREET ADDRESS	<b>265 BARTAM TRAIL</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32259</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Tim Anderson</i> (2-22-05)			Date _____ Daytime Phone # _____		