

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000004800

FILED
Sep 27, 2007
Secretary of State

Entity Name: BARTRAM TRAIL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SIGNATURE REALTY & MGMT.
4005 HARTLEY RD.
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

SIGNATURE REALTY & MGMT.
4005 HARTLEY RD.
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3531802 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SIGNATURE REALTY & MANAGEMENT
4003 HARTLEY RD
JACKSONVILLE, FL 32257 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: BRYAN K. CANTRELL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DEAN, RICHARD
Address: 264 N. BARTRAN TRAIL
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD () Delete
Name: SANTARELLI, DIANE
Address: 268 NORTH BARTRAM TRAIL
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD () Delete
Name: ANDERSON, TIM
Address: 265 BARTAM TRAIL
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TIM ANDERSON

PD

09/27/2007

Electronic Signature of Signing Officer or Director

Date