


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90013 024 ****61.25

DOCUMENT # N98000004800					
1. Entity Name BARTRAM TRAIL HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business SIGNATURE REALTY & MGMT. 4005 HARTLEY RD. JACKSONVILLE, FL 32257			Mailing Address SIGNATURE REALTY & MGMT. 4005 HARTLEY RD. JACKSONVILLE, FL 32257		
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 59-3531802	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIGNATURE REALTY & MANAGEMENT 4003 HARTLEY RD JACKSONVILLE, FL 32257				Name <u>Bryan Cantrell</u> Street Address (P.O. Box Number is Not Acceptable) <u>Signature Realty and Management, Inc</u> <u>4003 Hartley Rd</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32257</u>	
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 <u>[Signature]</u>		<u>BRYAN CANTRELL</u>		<u>11/16/2008</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEAN, RICHARD 264 N. BARTRAM TRAIL JACKSONVILLE, FL 32259		S <u>Jim Duran</u> 312 S. Bartram Trail Jacksonville FL 32259		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SANTARELLI, DIANE 268 NORTH BARTRAM TRAIL JACKSONVILLE, FL 32259		[Change] [Addition]		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANDERSON, TIM 265 BARTAM TRAIL JACKSONVILLE, FL 32259		[Change] [Addition]		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		[Change] [Addition]		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		[Change] [Addition]		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Delete]		[Change] [Addition]		
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: <u>[Signature]</u>		<u>3/13/08</u>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			