

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001250

**Entity Name:** MONTEVILLA AT BARTRAM LAKES ASSOCIATION, INC.

**Current Principal Place of Business:**

6620 SOUTHPOINT DR SOUTH  
SUITE 610  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6620 SOUTHPOINT DR SOUTH  
SUITE 610  
JACKSONVILLE, FL 32216 US

**FEI Number:** 61-1731382

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANSBACHER LAW  
8818 GOODBY'S EXECUTIVE DRIVE  
SUITE 100  
JACKSONVILLE, FL 32217 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:** BARRY ANSBACHER

03/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ECKLOF, ALLEN  
Address        C/O FIRSTSERVICE RESIDENTIAL  
6620 SOUTHPOINT DR SOUTH SUITE  
610  
City-State-Zip: JACKSONVILLE FL 32216

Title            TREASURER  
Name            KLEINER, GILBERT  
Address        C/O FIRSTSERVICE RESIDENTIAL  
6620 SOUTHPOINT DR SOUTH SUITE  
610  
City-State-Zip: JACKSONVILLE FL 32216

Title            DIRECTOR  
Name            GOFREDO, RICHARD  
Address        C/O FIRSTSERVICE RESIDENTIAL  
6620 SOUTHPOINT DR SOUTH SUITE  
610  
City-State-Zip: JACKSONVILLE FL 32216

Title            DIRECTOR  
Name            SMITH, JUDITH  
Address        C/O FIRSTSERVICE RESIDENTIAL  
6620 SOUTHPOINT DR SOUTH SUITE  
610  
City-State-Zip: JACKSONVILLE FL 32216

Title            VP/SECRETARY  
Name            RODRIGUEZ, JEFFREY  
Address        C/O FIRSTSERVICE RESIDENTIAL  
6620 SOUTHPOINT DR SOUTH SUITE  
610  
City-State-Zip: JACKSONVILLE FL 32216

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALLEN ECKLOF

PRESIDENT

03/06/2023

Electronic Signature of Signing Officer/Director Detail

Date