FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12007 (3)

1. Corporation Name

THE COURTYARDS AT MAYPORT I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1079-9 ATLANTIC BLVD ATLANTIC BEACH FL 32233 US	1079-9 ATLANTIC BLVD ATLANTIC BEACH FL 32233 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 11/08/1985
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2907669 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARKS, FRANCES C.
PARKS REALTY SERVICES, INC.
1079-9 ATLANTIC BLVD.
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	TURNER, CARL	
STREET ADDRESS	902 DEFENDER CT. W	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	D	☑ DELETE
NAME	NELSON, DAVID	
STREET ADDRESS	12626 BARNSBURY CT	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	☑ DELETE
NAME	BIRTWHISTLE, JOAN	
STREET ADDRESS	1601 CHALLENGER COURT W	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	P	☐ DELETE
NAME	TEMPLE, KEITH	
STREET ADDRESS	2205 SPANISH MOSS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	T	☐ DELETE
NAME	SCHMITTGES, JOE	
STREET ADDRESS	1902 CHALLENGER CT E	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	David Lopanik	
1.3 STREET ADDRESS	791 Assisi Lane #906	
1.4 CITY-ST-ZIP	Altantic Beach, FL 32233	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	James Sword	
2.3 STREET ADDRESS	504 Courageous Ct. S.	
2.4 CITY-ST-ZIP	Atlantic Beach, FL 32233	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Keith C Temple PRC's COURTYARDS 4/8/96 904-221-2917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #