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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
10790 ATLANTIC BLVD Suite 9 ATLANTIC BEACH FL 32233 US	10790 ATLANTIC BLVD Suite 9 ATLANTIC BEACH FL 32233 US

3. Date Incorporated or Qualified: 11/08/1985

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

PARKS, FRANCES C.
PARKS REALTY SERVICES, INC.
10790 ATLANTIC BLVD. Suite 9
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1079 Atlantic Blvd. Suite 9

83

84 City Atlantic Beach FL 85 Zip Code 32233

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: Frances Parks 1-
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, CARL		1.2 NAME		
STREET ADDRESS	2102 CHALLENGER CT E		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JAMES SWORD		2.2 NAME		
STREET ADDRESS	504 COURAGEOUS CT, S		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVID LOPANIK		3.2 NAME		
STREET ADDRESS	791 ASSISI LANE, #906		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TEMPLE, KEITH		4.2 NAME		
STREET ADDRESS	2205 SPANISH MOSS DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, MARGARET		5.2 NAME		
STREET ADDRESS	2001 CHALLENGER CT E		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 added with an attachment with an address.

SIGNATURE: [illegible] 1/27/98 904-249-2322