FILE NOW. FILING FEE is $61.25

Amended

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

APPROVED AND FILED

98 OCT 29 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # N12007 (1)

1. Corporation Name

THE COURTYARDS AT MAYPORT I Cond Assoc Inc

Principal Place of Business	Mailing Address
1732 Kingsley Ave. #202 Orange Park, Fl. 32073	1732 Kingsley Ave. #202 Orange Park, Fl. 32073

3. Date Incorporated or Qualified: 11/08/85

4. FEI Number: 59-2907669 — ☐ Applied For ☐ Not Applicable

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)

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

9. Name and Address of Current Registered Agent

PERRY, ALAN
1732 KINGSLEY AVE.
STE. 202
ORANGE PARK FL 32073

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 [signature] ALAN PERRY 30 Apr 98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITION OR CHANGE TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Add
NAME	Keith Temple		1.2 NAME	
STREET ADDRESS	2205 Spanish Moss Drive		1.3 STREET ADDRESS	300002681443--1
CITY-ST-ZIP	Jacksonville, Fl. 32246		1.4 CITY-ST-ZIP	-11/05/98--01083--010 *****70.00 *****70.00
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Add
NAME	Carlton Turner		2.2 NAME	
STREET ADDRESS	2102 Challenger Ct. East		2.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach Fl. 32233		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Add
NAME	David Lopanik		3.2 NAME	
STREET ADDRESS	1800 Mayport Road		3.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach, Fl. 32233		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Add
NAME	Marge Jackson		4.2 NAME	
STREET ADDRESS	2001 Challenger Court East		4.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach, Fl. 32233		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Add
NAME	James Sword		5.2 NAME	VB 10-30-98
STREET ADDRESS	504 Courageous Court South		5.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach, Fl. 32233		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Add
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: [signature] 4/30/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 000093