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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12007**

1. Corporation Name

THE COURTYARDS AT MAYPORT I CONDOMINIUM ASSOCIATION, INC.

* 5 519345 - 90141 - 13

Principal Place of Business	Mailing Address
1732 KINGSLEY AVE. #202 ORANGE PARK FL 32073 US	~~1979 ATLANTIC BLVD. SUITE 9~~ ~~ATLANTIC BEACH FL 32233~~ US

2. Principal Place of Business 21	2a. Mailing Address 26 1732 Kingsley Ave	3. Date Incorporated or Qualifed 11/08/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 202	4. FEI Number 59-2907669 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Orange Park	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 FL Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	TEMPLE, KEITH		1.2 NAME	TEMPLE, KEITH	
STREET ADDRESS	2205 SPANISH MOSS DRIVE		1.3 STREET ADDRESS	2205 SPANISH MOSS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32246		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	VD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	TURNER, CARLTON		2.2 NAME	STICKNEY, MARY	
STREET ADDRESS	2102 CHALLENGER CT. EAST		2.3 STREET ADDRESS	404 COURAGEOUS CT. S.	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		2.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	TD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	LOPANIK, DAVID		3.2 NAME	LOPANIK, DAVID	
STREET ADDRESS	1800 MAYPORT ROAD		3.3 STREET ADDRESS	1800 MAYPORT RD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		3.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	JACKSON, MARGE		4.2 NAME	VANATTA, ELIZABETH V.	
STREET ADDRESS	2001 CHALLENGER COURT EAST		4.3 STREET ADDRESS	1703 CHALLENGER CT. W.	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		4.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	D	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	SWORD, JAMES		5.2 NAME	SWORD, JAMES	
STREET ADDRESS	504 COURAGEOUS COURT SOUTH		5.3 STREET ADDRESS	504 COURAGEOUS CT. SOUTH	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		5.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
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		

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, with all other like empowered.

SIGNATURE: Keith C. Temple 04/29/99 904-278-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)