2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90358 032 ****70.00

DOCUMENT # N12007

1. Entity Name

THE COURTYARDS AT MAYPORT I CONDOMINIUM ASSOCIAT ION, INC.

Principal Place of Business	Mailing Address
1732 KINGSLEY AVE. #202 ORANGE PARK FL 32073 US	1732 KINGSLEY AVE. #202 ORANGE PARK FL 32073 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERRY, ALAN 1732 KINGSLEY AVE. STE. 202 ORANGE PARK FL 32073	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD TEMPLE, KEITH 2205 SPANISH MOSS DRIVE JACKSONVILLE FL 32246	☐ Delete	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STICKNEY, MARY 404 COURAGEOUS CT. S. ATLANTIC BEACH FL 32233	☒ Delete	D Rick Sawyer 803 Courageous Ct Atlantic Beach, FL 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LOPANIK, DAVID 1800 MAYPORT ROAD ATLANTIC BEACH FL 32233	☐ Delete	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VANATTA, ELIZABETH V 1703 CHALLENGER CT. W. ATLANTIC BEACH FL 32233	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Steve Osborne 1104 Defender Ct. Atlantic Beach, FL 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TD Traci Brodbank 2201 Challenger Ct. E. Atlantic Beach, FL 32233	☐ Change ☒ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

904-221-2717

SIGNATURE: Keith Temple SIGNATURE REQUIRED KEITH TEMPLE, PRESIDENT 12MAR02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #