2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90347 006 ****70.00

DOCUMENT # N12007

1. Entity Name
THE COURTYARDS AT MAYPORT I CONDOMINIUM ASSOCIATION, 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

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

04047306

03162004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MUSIC, TARESA 1704 CHALLENGER CT. W. ATLANTIC BEACH, FL 32233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Keith Temple 2205 Spanish Moss Dr Jacksonville FL. 32246	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, RONALD P.O. BOX 50399 JACKSONVILLE BEACH, FL 32240	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT George Vaughn 196 Bay St Neptune Beach FL. 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOPANIK, DAVID 1800 MAYPORT ROAD ATLANTIC BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV OSBORNE, STEVE 1104 DEFENDER CT ATLANTIC BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BROOBANK, TRACI 2201 CHALLENGER CT E ATLANTIC BEACH, FL 32233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Donna Edwards 1504 Challenger Ct W Atlantic Beach FL. 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, MARGARET 2001 CHALLENGER CT. E. ATLANTIC BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: _____ 4-16-04 642-8307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #