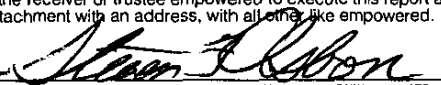


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 1732 KINGSLEY AVE. #202 ORANGE PARK, FL 32073 US			Mailing Address 1732 KINGSLEY AVE. #202 ORANGE PARK, FL 32073 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	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 PERRY, ALAN 1732 KINGSLEY AVE. STE. 202 ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ 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	Keith Temple 2205 Spanish Moss Dr Jacksonville FL 32246	☐ Change ☒ Addition
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 126 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: 			4-16-04 642-9307		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		