2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State
03-25-2005 90040 031 ****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

DOO30719

01212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #
City Professional Community Mgt. Inc. 786 Blanding Blvd. #118 Orange Park, FL 32065	City Professional Community Mgt. Inc. 786 Blanding Blvd. #118 Orange Park, FL 32065
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 786 Blanding Blvd Ste 118 Orange Park, FL 32065	Name Street Address (P.O. Box N... Alan Perry 786 Blanding Blvd. #118 Orange Park, FL 32065 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 _____ ALAN PERRY 22 MAR 05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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 TEMPLE, KEITH 2205 SPANISH MASS DR. JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT VAUGHN, GEORGE 126 BAY ST. NEPTUNE BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPANIK, DAVID 1800 MAYPORT ROAD ATLANTIC BEACH, FL 32233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Elizabeth Farmer Dorman 2207 IVY GAIL DR. E. Jacksonville, FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP OSBORNE, STEVE 1104 DEFENDER CT ATLANTIC BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS EDWARDS, DONNA 1504 CHALLENGER CT. W ATLANTIC BEACH, FL 32233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, MARGARET 2001 CHALLENGER CT. E. ATLANTIC BEACH, FL 32233		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: Donna Edwards 21 MAR 05 904-372-0079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DONNA EDWARDS