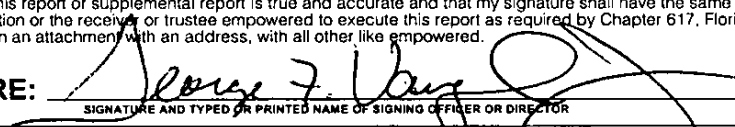


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90200 031 ****70.00

DOCUMENT # N12007 1. Entity Name THE COURTYARDS AT MAYPORT I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business PROFESSIONAL COMMUNITY MGT INC 786 BLANDING BLVD #118 ORANGE PARK, FL 32065 US			Mailing Address PROFESSIONAL COMMUNITY MGT INC 786 BLANDING BLVD #118 ORANGE PARK, FL 32065 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2907669	
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 786 BLANDING BLVD STE 118 ORANGE PARK, FL 32065			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 _____ 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, 2007		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	DP	☒ Delete	TITLE	VTD	☐ Change ☒ Addition
NAME	TEMPLE, KEITH		NAME	CAROL LARSEN	
STREET ADDRESS	2205 SPANISH MASS DR.		STREET ADDRESS	5 Fairway Lane	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	DT	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	VAUGHN, GEORGE		NAME		
STREET ADDRESS	126 BAY ST.		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH, FL 32233		CITY-ST-ZIP		
TITLE	DS	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	STRATMANN, TERRI		NAME	Erika Nemborsky	
STREET ADDRESS	604 COURAGEOUS CT		STREET ADDRESS	2301 Challenger Ct. E.	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE	D	☒ Delete	TITLE	SD	☐ Change ☒ Addition
NAME	SAVAGE, MONICA		NAME	Neceneh James	
STREET ADDRESS	100 FAIRWAYS PARK BLVD #1104		STREET ADDRESS	1104 Defender Ct. W.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP	Atlantic Beach, FL 32223	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MCGHEE, MISTY		NAME		
STREET ADDRESS	1501 CHALLENGER CT. W.		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JACKSON, MARGARET		NAME		
STREET ADDRESS	2001 CHALLENGER CT. E.		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			4-15-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		