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May 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002469 (3)

1. Corporation Name

COURTYARDS AT MAYPORT HOMEOWNERS ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

8177 OLD KINGS RD.
STE. NO. 4
JACKSONVILLE FL 32217

4215 SOUTHPOINT BLVD.
#100
JACKSONVILLE FL 32216-0999



3. Date Incorporated or Qualified
05/24/1995

3a. Date of Last Report
11/06/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3382009

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANSBACHER, BARRY B
ANSBACHER & SCHNEIDER, P.A.
4215 SOUTHPOINT BLVD., SUITE 100
JACKSONVILLE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE
NAME SHEFFIELD, THOMAS D
STREET ADDRESS 8177 OLD KINGS ROAD, SUITE 4
CITY-ST-ZIP JACKSONVILLE FL 32217

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5800 Beach Blvd., Suite 203
1.4 CITY-ST-ZIP Jacksonville, FL 32207

TITLE D ☐ DELETE
NAME SHEFFIELD, THOMAS D
STREET ADDRESS 8177 OLD KINGS ROAD, SUITE 4
CITY-ST-ZIP JACKSONVILLE FL 32217

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 5800 Beach Blvd., Suite 203
2.4 CITY-ST-ZIP Jacksonville, FL 32207

TITLE D ☒ DELETE
NAME SOFORENKO, PHYLLIS R
STREET ADDRESS 8177 OLD KINGS ROAD, SUITE 4
CITY-ST-ZIP JACKSONVILLE FL 32217

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D
3.3 STREET ADDRESS Sheffield, Susan
3.4 CITY-ST-ZIP 5800 Beach Blvd., Suite 203
Jacksonville, FL 32207

TITLE D ☐ DELETE
NAME SOFORENKO, M. O
STREET ADDRESS 8177 OLD KINGS ROAD, SUITE 4
CITY-ST-ZIP JACKSONVILLE FL 32217

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment to this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/7/97 904-720-0300

CR2E037 (9/96)