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Apr 03 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

3. Date Incorporated or Qualified

05/24/1995

4. FEI Number

59-3382009

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

~~21. 2560 Americas Cup Circle E.~~  
Suite, Apt. #, etc.

~~26. 2560 Americas Cup Circle E.~~  
Suite, Apt. #, etc.

22. P.O. Box 330291

27. Suite, Apt. #, etc.

23. Atlantic Beach FL  
City & State

28. Atlantic Beach FL  
City & State

24. 32233 U.S.  
Zip Country

29. 32233 U.S.  
Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ 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  
Lawrence Ansbacher  
82. Street Address (P.O. Box Number is Not Acceptable)  
4215 Southpoint Blvd.  
83. #100  
84. City Jacksonville FL 85. Zip Code 32216

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1. RVT  
SHEFFIELD, THOMAS D  
5800 BEACH BLVD., STE. 203  
JACKSONVILLE FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
TREASURER / Director  
Mathies, Douglas  
2560 Americas Cup Circle E.  
Atlantic Beach, FL 32233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2. D  
SHEFFIELD, THOMAS D  
5800 BEACH BLVD., STE. 203  
JACKSONVILLE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
PRESIDENT / Director  
STEVEN SCHERER  
2505 AMERIKAS CUP COJET  
ATLANTIC Bch, FL 32233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3. D  
SHEFFIELD, SUSAN  
5800 BEACH BLVD., STE. 203  
JACKSONVILLE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
VICE PRESIDENT / Director  
DAVID VISSER  
2547 AMERIKAS CUP CIRCLE E.  
ATLANTIC Bch, FL 32233

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
SECRETARY / Director  
TANYA FERRANTI  
634 AMERICAS CUP CIRCLE S.  
ATLANTIC Bch, FL 32233

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5. ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
6. ☐ DELETE

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

14. 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 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 with an address.

SIGNATURE:

CR2E037 (10/97)