

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002469

1. Entity Name

COURTYARDS AT MAYPORT HOMEOWNERS ASSOCIATION, IN

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90202 037 ****61.25

Principal Place of Business

Mailing Address

P. O. BOX 330291
ATLANTIC BEACH FL 32233
US

4215 SOUTHPOINT BLVD.
#100
JACKSONVILLE FL 32216-6191

2. Principal Place of Business

3. Mailing Address

P.O. Box 551260

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

4. FEI Number

59-3382009

Applied For

Not Applicable

Zip

Country

Zip

Country

32255

USA

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

ANSBACHER, LAWRENCE
4215 SOUTHPOINT BLVD
#100
JACKSONVILLE FL 32216

Name Lawrence Ansbacher

Street Address (P.O. Box Number is Not Acceptable)
5150 Belfort Road E.

Building 100

City Jacksonville

FL

Zip Code

32256

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD
NAME MATHIES, DOUGLAS
STREET ADDRESS 2560 AMERICAS CUP CIRCLE E
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE VICE PRESIDENT/D
NAME KEVIN F COYLE
STREET ADDRESS 2523 AMERICAS CUP CIR E
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Change ☒ Addition

TITLE PD
NAME SCHERER, STEVEN
STREET ADDRESS 2305 AMERICAS CUP CT
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME VISSER, DAVID
STREET ADDRESS 2547 AMERICAS CUP CIRCLE E
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME FERRANTI, TANYA
STREET ADDRESS 634 AMERICAS CUP CIRCLE S
CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1-30-00 333-6948

CR2E037 (9/99)