

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 27, 2002 8:00 am**
Secretary of State

05-27-2002 90412 030 ****61.25

DOCUMENT # N95000002469

1. Entity Name

**COURTYARDS AT MAYPORT HOMEOWNERS ASSOCIATION, IN
C.**

Principal Place of Business

Mailing Address

P. O. BOX 330291
ATLANTIC BEACH FL 32233
USPO BOX 551260
JACKSONVILLE FL 32255
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3382009

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

**ANSBACHER, LAWRENCE
5150 BELFORT RD
BLDG 100
JACKSONVILLE FL 32256**

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.

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 \$61.259. 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 **VPD** ☐ Delete
NAME **MATHIES, DOUGLAS**
STREET ADDRESS **2560 AMERICAS CUP CIRCLE E**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **SCHERER, STEVEN**
STREET ADDRESS **2305 AMERICAS CUP CT**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **EDWARDS, BARBARA D**
STREET ADDRESS **2530 DEFENDER COURT E**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SCHERER, STEVEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-16-02 607-7368**

Date

Daytime Phone #

CR2E037 (9/01)