

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002469

**FILED**  
**Mar 12, 2004**  
**Secretary of State****Entity Name:** COURTYARDS AT MAYPORT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**P. O. BOX 330291  
ATLANTIC BEACH, FL 32233 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 551260  
JACKSONVILLE, FL 32255 US**New Mailing Address:****FEI Number:** 59-3382009**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ANSBACHER, LAWRENCE  
5150 BELFORT RD  
BLDG 100  
JACKSONVILLE, FL 32256 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** VPD ( ) Delete  
**Name:** MATHIES, DOUGLAS  
**Address:** 2560 AMERICAS CUP CIRCLE E  
**City-St-Zip:** ATLANTIC BEACH, FL 32233**Title:** PD ( ) Delete  
**Name:** SCHERER, STEVEN  
**Address:** 2305 AMERICAS CUP CT  
**City-St-Zip:** ATLANTIC BEACH, FL 32233**Title:** TD ( ) Delete  
**Name:** EDWARDS, BARBARA D  
**Address:** 2530 DEFENDER COURT E  
**City-St-Zip:** ATLANTIC BEACH, FL 32233**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN SCHERER

P

03/12/2004

Electronic Signature of Signing Officer or Director

Date