2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# N95000002469

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: PDST (X) Change ( ) Addition
Name: MATHIES, DOUGLAS
Address: 2560 AMERICAS CUP CIRCLE E
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: D (X) Change ( ) Addition
Name: SCHERER, STEVEN
Address: 2305 AMERICAS CUP CT
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: D (X) Change ( ) Addition
Name: EDWARDS, BARBARA D
Address: 2530 DEFENDER COURT E
City-St-Zip: ATLANTIC BEACH, FL 32233 US

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: DOUGLAS MATHIES PDST 04/05/2005

Electronic Signature of Signing Officer or Director — Date