FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000093258 (9)

Mailing Address

DOCUMENT #

1. Corporation Name EASTWINDS COURTYARD DEVELOPMENT, INC.



Pri	ncipal Place of Business		-	Address					•		
444 THIRD STREET NEPTUNE BEACH FL 32266			444 NE	444 THIRD STREET NEPTUME BEACH FL 32266					Date incorporated or Qualified 12/23/1994	3a. Date	of Last Report 04/28/1995 Applied For
2.	Principal Place of Busines	2a. Mailing Address				4. FEI Number 59-3302730			Not Applicable		
21	Suite, Apt. #, etc.		26 Sui	te, Apt. #, etc				5.	Certificate of Status Desired		\$8.75 Additional Fee Required
22	City & State	·	27 Cit	Orty & State					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	Zip Country		28 Zip		Count	intry			This corporation has liability for Florida Statutes	for intangible tax under s. 199.032, Yes. ☐ No	
24		25	[29]		io]			10.	Name and Address of New	Registered	I Agent
	9. Name SKEELS, ROBER	and Address of Cu	rrent Hegistere	a Agent		31 B2	Name Street Addre	ss (P	O. Box Number is Not Accepta	able)	
 	444 THIRD STRE NEPTUNE BEAC	ET				вз					Zin Code

11. Pursuant to the provisions of Sections 607,0502 and 607,1508, 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 607,0505, Florida Statutes.

SIGNATURE SIG	plature typed or protectivane of mynteest agent and the mappination	printe Registered Agent signature requires N	ADDITIONS/CHANGES TO OFFICERS AND DIFECTOR
12.	OFFICERS AND DIRECTORS DELETE	1 1 Idle	Change Addition
TITLE	PU	1.2 NAME	
IAME	SIBLEY, BENJAMIN D III	1.3 STREET ADDRESS	
STREET ADDRESS	1505 S. FIRST STREET	14 City ST-ZIP	
CITY-S1-ZIP	JACKSONVILLE BEACH FL 32250	2.1 1111.6	Change Addition
TITLE	STD		
NAME	SIBLEY, MARTHA ANN	2.2 NAME	
STREET ADDRESS	1505 S. FIRST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	2.4 Cily - \$1 - ZiP	Change Addition
TITLE	V DELETE	• 1	
NAME	LANGFORD, MARTHA JANE	3.2 NAME	
STREET ADDRESS	1505 S. FIRST STREET	3.3 STREET ADDRESS	
CITY-ST-7IP	JACKSONVILLE BEACH FL 32250	3 4 CITY S1-ZIF	Change Addition
TITLE	DELETE		
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - S! - Z!P		4.4. C(1)Y - ST - 2(f)	Change Addition
TITLE	DELEIG	£ 5 1 TITLE	
NAME		5 2 NAME	
**		53 STREET ADDRESS	
STREET ADDRESS		5.4 CHTY - ST - ZIP	Criange Addition
CITY - ST - ZIP	DELET	E 6 I TILF	
THILE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY - \$1 - ZIP	The stated is Section 119 07/3/fk). Florida Statutes, I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

Phartha One Silly See Sues. 4/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO APPLIA ANN SIBLEY

0026550