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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45220 (3)
1. Corporation Name
MYSTIC GREENS I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 8485 MYSTIC GREENS WAY, NAPLES FL 33961, US
Mailing Address: P.O. BOX 2990, FT. MYERS BEACH FL 33932, US

3. Date Incorporated or Qualified: 09/19/1991
4. FEI Number: 65-0308593
Applied For: Not Applicable

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23 NAPLES, FL
24 Zip: 25 34112
26 2a. Mailing Address: 26 4628 TAMAMI TRAIL E.
27 Suite, Apt. #, etc.
28 City & State: 28 NAPLES, FL
29 Zip: 29 34112
30 Country: 30 US

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SMALLEY, ELAINE
1190 ESTERO BLVD.
FT. MYERS BEACH FL 33931

10. Name and Address of New Registered Agent
81 Name: GRANT ROBBINS
82 Street Address (P.O. Box Number is Not Acceptable): 4628 TAMAMI TRAIL E.
83 City: NAPLES, FL
84 Zip Code: 34112

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: Grant Robbins DATE: 2/25/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALLEY, ELAINE	1.2 NAME	ROBBINS, GRANT
STREET ADDRESS	1190 ESTERO BLVD.	1.3 STREET ADDRESS	4628 TAMAMI TRAIL E.
CITY-ST-ZIP	FT. MYERS BEACH FL	1.4 CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D DELETE	2.1 TITLE	JULIE LABELLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMPEL, RUSSELL	2.2 NAME	8540 MYSTIC GREENS WAY #5
STREET ADDRESS	8560 MYSTIC GREENS WAY	2.3 STREET ADDRESS	NAPLES, FL 34113
CITY-ST-ZIP	NAPLES FL 33961	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	RYAN, JOE	3.2 NAME	
STREET ADDRESS	8835 E. TAMAMI TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Grant Robbins DATE: 2/25/98 941-775-6249

CP2E037 (10/97)