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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N45220**

1. Corporation Name

MYSTIC GREENS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

8485 MYSTIC GREENS WAY
 NAPLES FL 33961
 US

Mailing Address

4628 TAMiami TRAIL E
 FT. MYERS BEACH FL 34112
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **34113** 25 Country **U.S.**

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State **NAPLES, FL**

29 Zip **34112** 30 Country **U.S.**

3. Date Incorporated or Qualified

09/19/1991

4. FEI Number

65-0308593

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Elector Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ROBBINS, GRANT
C/O CONDOMINIUM MANAGEMENT INC
4628 TAMiami TRAIL E
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBBINS, GRANT | 1.2 NAME | |
| STREET ADDRESS | 4628 TAMiami TRAIL E | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34112 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LABELLE, JUDI | 2.2 NAME | D |
| STREET ADDRESS | 8540 MYSTIC GREENS WAY, #5 | 2.3 STREET ADDRESS | 3540 MYSTIC GREENS WAY #4 |
| CITY-ST-ZIP | NAPLES FL 34113 | 2.4 CITY-ST-ZIP | NAPLES, FL 34113 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RYAN, JOE | 3.2 NAME | |
| STREET ADDRESS | 8835 E. TAMiami TRAIL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34113 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, with all other like empowered.

SIGNATURE:

[Signature] **GRANT ROBBINS**

4/9/99

(941) 755-6244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)