

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45220

1. Entity Name

MYSTIC GREENS I CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90099 001 ****61.25

Principal Place of Business

Mailing Address

**8485 MYSTIC GREENS WAY
 NAPLES FL 34113
 US**

**4628 TAMiami TRAIL E
 NAPLES FL 34112-6726
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0308593

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

745 12th Avenue South, Suite G

City
Naples

FL

Zip Code
34102

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **ROBBINS, GRANT**
 STREET ADDRESS **4628 TAMiami TRAIL E**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** Change Addition
 NAME **Myron Pederson**
 STREET ADDRESS **745 12th Avenue South, Suite G**
 CITY-ST-ZIP **Naples, FL 34102**

TITLE **D** Delete
 NAME **ISERNIO, JEAN**
 STREET ADDRESS **8540 MYSTIC GREENS WAY #4**
 CITY-ST-ZIP **NAPLES FL 34113**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RYAN, JOE**
 STREET ADDRESS **8835 E. TAMiami TRAIL**
 CITY-ST-ZIP **NAPLES FL 34113**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Myron Pederson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00
 Date

941 775 6249
 Daytime Phone #

CR2E037 (9/99)