

2006 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91583 005 ****61.25

DOCUMENT # N45220

1. Entity Name
MYSTIC GREENS I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 485 MYSTIC GREENS WAY 4628 TAMiami TRAIL E
 NAPLES FL 34113 NAPLES FL 34112-6726
 US US

00010100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0308593 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROBBINS, GRANT
C/O CONDOMINIUM MANAGEMENT INC
4628 TAMiami TRAIL E
NAPLES FL 34112

7. Name and Address of New Registered Agent
 Name **Condominium Managers Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
745 12th Avenue South, Suite G
 City **Naples** FL Zip Code **34102**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!
SEE 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.	
NAME	D ROBBINS, GRANT 4628 TAMiami TRAIL E NAPLES FL 34112 <input checked="" type="checkbox"/> Delete	TITLE	D Myron Pederson 745 12th Avenue South, Suite G Naples, FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ISERNIO, JEAN 8540 MYSTIC GREENS WAY #4 NAPLES FL 34113 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RYAN, JOE 8835 E. TAMiami TRAIL NAPLES FL 34113 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* 4/18/01 901 775 6245

CR2E037 (9/99)

Attachment
DH# N415200
AW 70196

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find a copy of the 2000 UBR form and a check for the 2001 fees.
Although I submitted a change of address last year, we did not receive the 2001 forms.

Thank you,

Brenda Pederson

Brenda Pederson