## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2005 8:00 am Secretary of State

Phresidal Rose of Business   Name   N	DOCUMENT # N45220  1. Entity Name MYSTIC GREENS I CONDOMINIUM ASSOCIATION, INC.							04-21-2005 9	90228 04	3 ****61	.25	
2. Principal Place of Business  3. Mailing Address  Suite, Apt. H. etc.	1719 TRADE CENTER WAY PO BOX 8478 4 NAPLES, FL 3410			.101-8478 US			-		-			
Sules, Apl. M. etc.    Sules, Apl. M. etc.	NAPLES, FL 34109 US											
City & State    City & State	2. Principal Pt	ace of Business	3. Mailing Address									
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Secretaria   Sec	City & State	)	City & State				00000000					
DE ARMAS, EDUARDO SANDCASTLE COMMUNITY MGMT., INC. TRADE CENTER WAY, #4  NAPLES, FL 34109  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the chilipations of registered agent.  SIGNATURE  FILING For is \$61.25  Due by May 1, 2005  8. Election Competing Financing   \$5.00 May 8e Acced to Year.  FULL OFFICIES AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10/11-51-29  FULL OFFICERS 10/11-51-29  FULL	Zip	Country	Zip	Zip Country			5 Certificate of Status Desired 38.75 Additional					
DE ARMAS, EDUARDO SANDCASTLE COMMUNITY MGMT., INC. TRADE CENTER WAY, #4 NAPLES, FL 34109  8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am territion with, and accept the chiligations of registered agent.  SIGNATURE  ### Supplement of the statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am territion with, and accept the chiligations of registered agent.  **NOTE Registered Agent system requested when remaining to the State of Floride. I am territion with, and accept the chiligations of registered agent, or both, in the State of Floride. I am territion with, and accept the chiligations of registered agent, or both, in the State of Floride. I am territion with, and accept the chiligations of registered agent, or both, in the State of Floride. I am territion with, and accept the chiligations of registered agent, or both, in the State of Floride. I am territion with, and accept the chiligations of registered agent, or both, in the State of Floride. I am territion of Florides of Florides. I am territion of Florides of Florides. I am territion of State of Florides. I am territion of Florides of Florides. I am territion of Florides of Florides. I am territion of Florides. I am te		6. Name and Address of Current	Registered Agent				7. Name and A	ddress of New R	egistered A	gent		
TRADE CENTER WAY, #4 NAPLES, FL 34109  City FL Zip Codo  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. Tam familier with, and accept the obligations of registered agent.  SIGNATURE  FILING Fee is \$61.25  Due by May 1, 2005  9. Election Contribution.   \$5,00 May Be Added to Florida Department of State Trust Fund Contribution.   \$5,00 May Be Added to Fees   Right Added to Florida Department of State Trust Fund Contribution.   Addition Name BARRY, BRUCE A  SIRET ADDRESS 200 MYSTIC GREENS WAY #406  GIT-S1-2P  PD  CLEARY, THOMAS A  SIRET ADDRESS SIRET ADDRES	DE ARMAS	S, EDUARDO										
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered aligner, or both, in the State of Florida. I am familiar with, and accept the obligations of registered aligner.  SIGNATURE:    Filling Foe is \$61.25   Due by May 1, 2005   Purpose and time is spoketate.   (POTE Required Apent signature recents) when remailing)   DATE    Filling Foe is \$61.25   Due by May 1, 2005   Purpose and time is spoketate.   (POTE Required Apent signature recents) when remailing)   DATE    Filling Foe is \$61.25   Due by May 1, 2005   Purpose and time is spoketate.   (POTE Required Apent signature recents) when remailing)   DATE    Filling Foe is \$61.25   Due by May 1, 2005   Purpose and time is spoketate.   (POTE Required Apent signature recents) when remailing)   DATE    Filling Foe is \$61.25   Due by May 1, 2005   Purpose and time is spoketate.   (POTE Required Apent signature recents) when remailing)   DATE    Filling Foe is \$61.25   Due by May 1, 2005   Purpose and time is spoketate.   (POTE Required Apent signature recents) when remailing)   DATE    Filling Foe is \$61.25   Due by May 1, 2005   Purpose and time is spoketate.   (POTE Required Apent signature recents) when remailing)   DATE    Filling Foe is \$61.25   Due by May 1, 2005   Purpose and time is spoketate.   (POTE Required Apent signature recents) when remailing)   DATE    Filling Foe is \$61.25   Due by May 1, 2005   Purpose and time is spoketate.   (POTE Repose and time is spoketate.   (POTE Re	TRADE CENTER WAY, #4					Street Address (P.O. Box Number is Not Acceptable)						
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. 1 am familiar with, and accept the obligations of registered agent.    Signature	NAPLES, FL 34109				City				FI	Zip Code	,	
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FILING Fee is \$61.25 Due by May 1, 2005    Prince   Princ												
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   VPD   BARRY, BRUCE A   STREET ADDRESS   ST	. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
TITLE NAME BARRY, BRUCE A SIREET ADDRESS CITY-ST-ZIP  PD Delete TITLE NAME CLEARY, THOMAS A STREET ADDRESS CITY-ST-ZIP  TITLE D NORTHRUP, THODA-ANN SIREET ADDRESS CITY-ST-ZIP  NAPLES, FL 34113  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE D NAPLES, FL 34113  TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE STD TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STD TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-Z												
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CITY-ST-ZIP  NAPLES, FL 34113  CITY-ST-ZIP  TITLE  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 attact friend with an address, with all other like empowered.  SIGNATURE:   Addition  Addition  NAME  STREET ADDRESS CITY-ST-ZIP  Change  Addition  Addition  NAME  STREET ADDRESS CITY-ST-ZIP  Change  Addition  Addition  NAME  STREET ADDRESS CITY-ST-ZIP  Change  Addition  Change  Addition  Addition  NAME  STREET ADDRESS CITY-ST-ZIP  Change  Addition  Addition  NAME  STREET ADDRESS CITY-ST-ZIP  Change  Addition  Addition  NAME  STREET ADDRESS CITY-ST-ZIP  Change  Change  Addition  NAME  STREET ADDRESS CITY-ST-ZIP  Change  Change  Addition  NAME  STREET ADDRESS CITY-ST-ZIP  Change  C			2 5000	NAM	ME	•				~	J	
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