


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90309 018 ****61.25

DOCUMENT # N45220 1. Entity Name MYSTIC GREENS I CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1719 TRADE CENTER WAY 4 NAPLES, FL 34109 US	Mailing Address PO BOX 8478 NAPLES, FL 34101-8478 US
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2. Principal Place of Business	3. Mailing Address	01182006 Chg-NP CR2E037 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0308593
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DE ARMAS, EDUARDO SANDCASTLE COMMUNITY MGMT., INC. TRADE CENTER WAY, #4 NAPLES, FL 34109

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	VPD BARRY, BRUCE A <input type="checkbox"/> Delete
NAME	8520 MYSTIC GREENS WAY #406
STREET ADDRESS	NAPLES, FL 34113
CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete
NAME	CLEARY, THOMAS A
STREET ADDRESS	8515 MYSTIC GREENS WAY #103
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	TD <input type="checkbox"/> Delete
NAME	TIROLLO, JOSEPH
STREET ADDRESS	8450 MYSTIC GREENS WAY, #305
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD J.R. Jacobsen
STREET ADDRESS	8515 Mystic Greens Way #501
CITY-ST-ZIP	Naples, FL 34113
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bruce A. Barry Bruce A. Barry 4/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #