## 145220

| (F  | (Requestor's Name)      |                                       |  |  |  |
|---|-------------------------|---------------------------------------|--|--|--|
|   |                         |                                       |  |  |  |
| (A  | (Address)               |                                       |  |  |  |
|   |                         |                                       |  |  |  |
| (Address)                                 |                         |                                       |  |  |  |
|   |                         | •                                     |  |  |  |
| (0  | City/State/Zip/Phone #) |                                       |  |  |  |
|   | <b>—</b>                |                                       |  |  |  |
| ☐ PICK-UP                                 | ☐ WAIT                  | MAIL                                  |  |  |  |
|   |                         |                                       |  |  |  |
| (E  | Business Entity Name)   | · · · · · · · · · · · · · · · · · · · |  |  |  |
|   |                         |                                       |  |  |  |
| (Document Number)                         |                         |                                       |  |  |  |
|   |                         |                                       |  |  |  |
| Certified Copies                          | Certificates of         | Status                                |  |  |  |
|   |                         |                                       |  |  |  |
| Special Instructions t                    | o Filina Officer:       |                                       |  |  |  |
| Special matrications to trining critical. |                         |                                       |  |  |  |
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Office Use Only



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07/09/12--01006--001 \*\*1855.00



Miles July

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

| Th   | st  | MANCEIO ODERNO I  | CONDOMINIUM ASSOCIAT  | ION INC                               |
|--|---|---|---|---------------------------------------|
| i. The name of   | ine corporation:  | WITSTIC GREENS  | CONDOMINIUM ASSOCIAT  | ION, INC.                             |
| 2. The principal                                       | office address: 54  | 195 Bryson Drive, Su                                    | ite #412, Naples, FL 34109  |                                       |
| 3. The mailing a                                       | iddress (if different)  | ): Same   |   |                                       |
| 1. Date of incorp                                      | poration/qualification  | on:09/19/1991   | Document number: _N4552   | 20                                    |
|  | rtment of State: (If:   | resigned, enter resigned)                               |   | h the                                 |
|  | Naples, FL 341  | •   | i, Suite #412   | Ec 2                                  |
| 6. The name and (if changed):                          | d street address of t   | e new registered agent (                                | if changed) and /or registered offi   | 2812 JUL -9<br>SECKETARY<br>ALLAHASSE |
|  | - 1   | rive, Suite #412  |   |                                       |
|  | Naples, FL 341  | .09   |   |                                       |
|  | - 1   | P.O. Box NOT a  | cceptable   | ₩ <b>5</b>                            |
| The street addre                                       | •   | office and the street addr                              | ess of the business office of its reg   |                                       |
| Such change wa   | as authorized by res<br>ne board, or the corp                   | olution duly adopted by a<br>poration has been notified | its board of directors or by an official in writing of the change.  | cer so                                |
| Sign   | nature of an officer of dire                                    | ector   | Robert Cor<br>Printed or typed name and   | CRIVEAU                               |
| I further agree<br>performance of<br>agent. Or, if thi | to comply with the<br>my duties, and I a<br>is document is beir | provisions of all statute<br>om familiar with and acc   | agree to act in this capacity.<br>es relative to the proper and con<br>cept the obligation of my positio<br>t a change in the registered offic<br>writing of this change. | n as registered                       |
| ku Or  | mede  |   | 6-14.17   |                                       |
| Signing on be  | enature of Registered Age                                       | ent   | Date  |                                       |
|  | 55inger Typed or Printed Name                                   |   |   |                                       |

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

. . 10

| SUBJECT: _      | MYSTIC GREENS I CONDOMINIUM ASSOCIATION, INC. Name of Corporation        |  |  |  |  |
|-----------------|--|--|--|--|--|
| DOCUMENT        | NUMBER: <u>N45520</u>  |  |  |  |  |
| The enclosed S  | Statement of Change of Registered  | Office/Agent and fee are submitted for filing.                               |  |  |  |
| Please return a | ll correspondence concerning this  | matter to the following:   |  |  |  |
|                 | JOEL ME  | SSINGER  |  |  |  |
|                 | Name of Contac   |  |  |  |  |
|                 |  | fanagement Inc   |  |  |  |
|                 |  | rive, Suite #412Address  |  |  |  |
|                 | Naples, FL :<br>City/Stat  | e and Zip Code   |  |  |  |
|                 | stephaniek@sa  | ndcastlecm.com   |  |  |  |
|                 | E-mail address: (to be used for future annual report notification)       |  |  |  |  |
| For further inf | formation concerning this matter, p                                      | lease call:<br>at (239) 596-7200   |  |  |  |
| Name of Cont    |  | Area Code & Daytime Telephone Number   |  |  |  |
| Enclosed is a S | \$35.00 check made payable to the  | Department of State.   |  |  |  |
|                 | Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 | Street Address: Amendment Section  Division of Corporations Clifton Building |  |  |  |
|                 | Tallahassee, FL 32314  | 2661 Executive Center Circle   |  |  |  |

Tallahassee, FL 32301