I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Entity	/ Name: N	AYSTIC GF	REENS	I CONDOMINIUM ASSOCIATION, INC.
•				

Current Principal Place of Business:

C/O SEACREST SOUTHWEST 1044 CASTELLO DR STE 206 NAPLES, FL 34103

Current Mailing Address:

C/O SEACREST SOUTHWEST 1044 CASTELLO DR STE 206 NAPLES, FL 34103 US

FEI Number: 65-0308593

Name and Address of Current Registered Agent:

SEACREST SOUTHWEST 1044 CASTELLO DR STE 206 NAPLES, FL 34103 US

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	JRE: BRYAN FOWLER							
	Electronic Signature of Registered Agent	Electronic Signature of Registered Agent						
Officer/Director Detail :								
Title	PRESIDENT	Title	VP					
Name	ROCHELEAU, PIERRE	Name	CORRIVEAU, ROBERT					
Address	C/O SEACREST SOUTHWEST 1044 CASTELLO DR STE 206	Address	C/O SEACREST SOUTHWEST 1044 CASTELLO DR STE 206					
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103					
Title	TREASURER							
Name	WAGNER, SUSAN							
Address	C/O SEACREST SOUTHWEST 1044 CASTELLO DR STE 206							
City-State-Zip:	NAPLES FL 34103							

SIGNATURE: PIERRE ROCHELEAU PRESIDENT

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45220

03/27/2024

FILED Mar 27, 2024 Secretary of State 5988125683CC

Certificate of Status Desired: No

Date