FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:25

DOCUMENT # N43645 (3)

1. Corporation Name
MYSTIC RIDGE COMMONS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~2124 AIRPORT RD.~~ ~~#103~~ ~~NAPLES FL 33962~~ US	P. O. BOX 446 NAPLES FL 33939 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1991
3a. Date of Last Report: 06/24/1994
4. FEI Number: 65-0308406 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 25190 GOLDCREST DR	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 BONITA SPRINGS, FL	28 City & State
24 Zip 33923 25 Country LEE	29 Zip 30 Country

9. Name and Address of Current Registered Agent

SHALLEY, ELAINE
2124 AIRPORT RD
#103
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name: ELAINE SMALLEY
82 Street Address (P.O. Box Number is Not Acceptable): 500 5TH AVE SOUTH
83: SUITE 502
84 City: NAPLES **FL** 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Elaine Smalley — ELAINE SHALLEY — 2/2/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, GLORIA	1.2 NAME	
STREET ADDRESS	25110 GOLDCREST DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, KURT	2.2 NAME	
STREET ADDRESS	2187 TRADE CTR WAY STE 3	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	~~SHALLEY, ELAINE~~ SMALLEY, ELAINE	3.2 NAME	
STREET ADDRESS	~~2124 AIRPORT RD., S, #103~~ P.O. BOX 446NA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elaine Smalley — 2/2/95 — 813-495-9595
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number
ELAINE SHALLEY

0018037