


5060

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90087 018 \*\*\*\*61.25

<b>DOCUMENT # N44134</b> 1. Entity Name <b>MYSTIC RIDGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>P &amp; M PROPERTY MANAGEMENT</b> <b>15660 SAN CARLOS BLVD #40</b> <b>FORT MYERS, FL 33908 US</b>			Mailing Address <b>P &amp; M PROPERTY MANAGEMENT</b> <b>15660 SAN CARLOS BLVD #40</b> <b>FORT MYERS, FL 33908 US</b>		
2. Principal Place of Business - No P.O. Box # <b>14360 S. Tamiami Trail</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite B</b>			
City & State <b>Fort Myers FL</b>		City & State <b>Fort Myers FL</b>			
Zip <b>33912</b>		Country <b>LEE</b>		4. FEI Number <b>65-0308622</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SAPP, PAUL</b> <b>P &amp; M PROPERTY MANAGEMENT</b> <b>1566 SAN CARLOS BLVD #40</b> <b>FORT MYERS, FL 33908</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Paul L Sapp</i></u> <span style="float: right;">4-12-07</span> <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUGHES, BOB 25120 GOLDCREST DR 311 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PIERPORT, BOB 25150 GOLDCREST DR 723 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOONEY, FRED 25200 GOLDCREST DR. #512 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, TOM 25160 GOLDCREST DR #812 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYLAND, JOAN 25170 GOLDENCREST DR. #921 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Penny Minton</b> <b>14306 S Tamiami Trail Unit B</b> <b>Fort Myers FL 33912</b>		
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: <u><i>Joan M. Hyland</i></u> <b>President</b> <span style="float: right;">4/18/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					