


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90063 023 ****61.25

DOCUMENT # N4434

1. Entity Name
MYSTIC RIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
14360 S. TAMAMI TRAIL SUITE B FORT MYERS, FL 33912 US

Mailing Address
P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07152008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0308622

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAPP, PAUL
 P & M PROPERTY MANAGEMENT
 1566 SAN CARLOS BLVD #40
 FORT MYERS, FL 33908**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$61.25 Due by September 12, 2008

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	T	<input type="checkbox"/> Delete
NAME	PIERPORT, BOB	
STREET ADDRESS	25150 GOLDCREST DR 723	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOONEY, FRED	
STREET ADDRESS	25200 GOLDCREST DR. #512	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	V	<input type="checkbox"/> Delete
NAME	SULLIVAN, TOM	
STREET ADDRESS	25160 GOLDCREST DR #812	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	P	<input type="checkbox"/> Delete
NAME	HYLAND, JOAN	
STREET ADDRESS	25170 GOLDENCREST DR. #921	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MINTON, PENNY	
STREET ADDRESS	14306 S. TAMAMI TRAIL UNIT B	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pierport, Bob	
STREET ADDRESS	25150 Goldcrest Dr. 723	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kane, Peter	
STREET ADDRESS	14360 S. Tamiami Trail #B	
CITY-ST-ZIP	Ft Myers, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeGeorge, Barbara	
STREET ADDRESS	14360 S. Tamiami Trail # B	
CITY-ST-ZIP	Ft Myers, FL 33912	
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: Joan Hyland 7/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #