



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90174 010 ****61.25

DOCUMENT # N45210 1. Entity Name MYSTIC GREENS COMMONS ASSOCIATION, INC.					
Principal Place of Business 1719 TRADE CENTER WAY, #4 NAPLES, FL 34109 US			Mailing Address PO BOX 8478 NAPLES, FL 34101-8478 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0308410	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DE ARMAS, EDUARDO SANDCASTLE COMMUNITY MGMT. INC 1719 TRADE CENTER WAY, #4 NAPLES, FL 34102			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY, BRUCE A		NAME	Albin Hayes	
STREET ADDRESS	8520 MYSTIC GREENS WAY #406		STREET ADDRESS	8335 Mystic Greens Way #1202	
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary, Treasure	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUCCIO, JOSEPH		NAME	J.R. Jacobsen	
STREET ADDRESS	8400 MYSTIC GREENS WAY #1202		STREET ADDRESS	2500 Mystic Greens Way #501	
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	VPSD	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSNOSKI, VICKI		NAME		
STREET ADDRESS	8400 MYSTIC GREENS WAY #701		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			4/13/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		