

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90023 020 \*\*\*\*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

40071230



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

02012008 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0308410

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME KOSNOSKI, VICKI  
STREET ADDRESS 8400 MYSTIC GREENS WAY #701  
CITY - ST - ZIP NAPLES, FL 34113

TITLE Sec/Treasurer ☐ Change ☒ Addition  
NAME Bruce A. Barry  
STREET ADDRESS 8520 MYSTIC GREENS WAY, # 406  
CITY - ST - ZIP NAPLES, FL 34113

TITLE VP ☐ Delete  
NAME HAYES, ALAN  
STREET ADDRESS 8335 MYSTIC GREENS WAY #1802  
CITY - ST - ZIP NAPLES, FL 34113

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ST ☒ Delete  
NAME JACOBSON, J.R.  
STREET ADDRESS 8500 MYSTIC GREENS WAY #501  
CITY - ST - ZIP NAPLES, FL 34113

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/15/08