2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45210

FILED Apr 14, 2009 Secretary of State

Entity Name: MYSTIC GREENS COMMONS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1719 TRADE CENTER WAY, #4 NAPLES, FL 34109 US

Current Mailing Address: New Mailing Address:

PO BOX 8478 NAPLES, FL 341018478 US

FEI Number: 65-0308410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DE ARMAS, EDUARDO SANDCASTLE COMMUNITY MGMT. INC 1719 TRADE CENTER WAY, #4 NAPLES, FL 34102 US

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Electronic Signature of Registered

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: PD (X) Change () Addition

 Name:
 KOSNOSKI, VICKI
 Name:
 KOSNOSKI, VICKI

 Address:
 8400 MYSTIC GREENS WAY #701
 Address:
 8600 MYSTIC GREENS WAY #701

City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

Title: VP () Delete Title: VPD (X) Change () Addition

Name: HAYES, ALAN Name: HAYES, ALBIN

Address: 8335 MYSTIC GREENS WAY #1802 Address: 8335 MYSTIC GREENS WAY #1802

City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

Title: () Delete Title: STD () Change (X) Addition

Name: BARRY, BRUCE

Address: Address: 8520 MYSTIC GREENS WAY #406

City-St-Zip: City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE BARRY STD 04/14/2009