

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 19, 2009  
Secretary of State**

DOCUMENT# N45220

Entity Name: MYSTIC GREENS I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1719 TRADE CENTER WAY  
4  
NAPLES, FL 34109 US

**New Principal Place of Business:**

1719 TRADE CENTER WAY  
# 4  
NAPLES, FL 34109 US

**Current Mailing Address:**

PO BOX 8478  
NAPLES, FL 341018478 US

**New Mailing Address:**

FEI Number: 65-0308593      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DE ARMAS, EDUARDO  
SANDCASTLE COMMUNITY MGMT., INC.  
TRADE CENTER WAY, #4  
NAPLES, FL 34109 US

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

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

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: BARRY, BRUCE A  
Address: 8520 MYSTIC GREENS WAY, #406  
City-St-Zip: NAPLES, FL 34113

Title: VPT ( ) Delete  
Name: TIROLLO, JOSEPH  
Address: 8450 MYSTIC GREENS WAY, #305  
City-St-Zip: NAPLES, FL 34113

Title: VPS ( ) Delete  
Name: JACOBSON, J.R.  
Address: 8515 MYSTIC GREENS WAY, #501  
City-St-Zip: NAPLES, FL 34113

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: BARRY, BRUCE A  
Address: 8520 MYSTIC GREENS WAY, #406  
City-St-Zip: NAPLES, FL 34113

Title: VPD (X) Change ( ) Addition  
Name: TIROLLO, JOSEPH  
Address: 8540 MYSTIC GREENS WAY, #305  
City-St-Zip: NAPLES, FL 34113

Title: SD (X) Change ( ) Addition  
Name: LINK, PATRICK  
Address: 8520 MYSTIC GREENS WAY, #404  
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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PTD

03/19/2009

\_\_\_\_\_  
Date