

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45220

FILED  
Mar 30, 2012  
Secretary of State

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:**

400 BUILDING AT PARK CENTRAL NORTH #412  
NAPLES, FL 34109 US

**Current Mailing Address:**

1719 TRADE CENTER WAY  
# 4  
NAPLES, FL 34109 US

**New Mailing Address:**

400 BUILDING AT PARK CENTRAL NORTH #412  
NAPLES, FL 34109 US

FEI Number: 65-0308593

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VINDELL, OLGA  
SANDCASTLE COMMUNITY MGMT.  
1719 TRADE CENTER WAY, #4  
NAPLES, FL 34109 US

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

MESSINGER, JOEL  
SANDCASTLE COMMUNITY MGMT.  
400 BUILDING AT PARK CENTRAL NORTH #412  
NAPLES, FL 34109 US

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: JOEL MESSINGER

03/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CORRIVEAU, ROBERT  
Address: 400 BUILDING AT PARK CENTRAL NORTH #412  
City-St-Zip: NAPLES, FL 34109

Title: VPSD  
Name: LINK, PATRICK  
Address: 400 BUILDING AT PARK CENTRAL NORTH #412  
City-St-Zip: NAPLES, FL 34109

Title: TD  
Name: FRAGHIA, JAMES  
Address: 400 BUILDING AT PARK CENTRAL NORTH #412  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: STRENK, FRANK  
Address: 400 BUILDING AT PARK CENTRAL NORTH #412  
City-St-Zip: NAPLES, FL 34109

Title: D  
Name: WAGNER, SUE  
Address: 400 BUILDING AT PARK CENTRAL NORTH #412  
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: ROBERT CORRIVEAU

PD

03/30/2012

Electronic Signature of Signing Officer or Director

Date