

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000007610 (4)

1. Corporation Name  
MYSTIC GREENS III AT LELY RESORT, INC.



Principal Place of Business  
6017 PINE RIDGE ROAD  
SUITE 204  
NAPLES FL 33999

Mailing Address  
6017 PINE RIDGE ROAD  
SUITE 204  
NAPLES FL 33999

6170 Reserve Circle, Suite 102  
Naples, FL 34119

6170 Reserve Circle #102  
Naples FL 34119

2. Principal Place of Business	2a. Mailing Address
21 6170 Reserve Circle Suite, Apt. #, etc.	26 6170 Reserve Circle Suite, Apt. #, etc.
22 #102 City & State	27 #102 City & State
23 Naples, Florida Zip Country	28 Naples, Florida Zip Country
24 34119 25	29 34119 30

3. Date Incorporated or Qualified 01/24/1996	3a. Date of Last Report
4. FEI Number 65-0669006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
WILSON, GARY K  
4501 TAMiami TRAIL NORTH  
SUITE 400  
NAPLES FL 33999

10. Name and Address of New Registered Agent
81 Name A.L. Bateman
82 Street Address (P.O. Box Number is Not Acceptable) 6170 Reserve Circle #102
83
84 City Naples
85 Zip 34119

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the regulations of Section 607.0505, Florida Statutes.

SIGNATURE: *Arthur L. Bateman*  
5. Type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE President; Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BATEMAN, ARTHUR L		1.2 NAME 6170 Reserve Circle, #102	
STREET ADDRESS 6017 PINE RIDGE ROAD, #244		1.3 STREET ADDRESS Naples, Florida 34119	
CITY, ST, ZIP NAPLES FL 33999		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arthur L. Bateman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
3/10/97  
Date  
CR2E034 (9/96)  
0625273