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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600007610

1. Corporation Name

MYSTIC GREENS III AT LELY RESORT, INC.

									, Hal le er kel er ekk er kel			
Principal Place	e of Business		Mailing Address									
8465 MYSTIC GREEN WAY			8465 MYSTIC GREENS WAY				ĺ					
2201			2201					DO NOT WRITE IN THIS SPACE				
NAPLES FL 34113 US			NAPLES FL 34113 US				1	3. Date Incorporated or Qualifed				
03			03				3.	01/24/1996	damed			
0 0 0	of Duning	·	2a. Mailing Address					6 1/24/ 1990 FEI Number		ΤП	Applied For	
2. Principal Pi	ace of Business ver-Court-	F-	■ 127E DAVAN C	ourt			•			 	Not Applicable	
			Suite, Apt. #, etc.				*#***	_65-0669006	· · · · · ·	¢g 7	5 Additional	
Suite, Apt. #, etc. 22 Suite #102			C. 24 - #100				5.	. Certifcate of Status Des	sired 🗌		Required	
			27 SUTTE #102									
City & State			- 				6.	. Election Campaign Fina			May Be	
23 Naples,	_FL		Naples, FL		` 			Trust Fund Contribution			ed to Fees	
Zip	Countr		Zip 29 34105	·	ountry)	S.A.	8.	. This corporation owes t	he current year in	langible X Yes	□No	
24 34105				30	1)•A•	40	Personal Property Tax.	New Declared			
	9. Name and Addre	ss of Current Re	gistered Agent		81	Name	10	. Name and Address of	New Kegistered	Agent		
DATE	EMANI ADTILIZZO I				61		Batema	n, Arthur L.				
BATEMAN, ARTHUR L			ļ.			Street A	ddress (I	ess (P.O. Box Number is Not Acceptable) '5 Dover Court				
8465 MYSTIC GREENS WAY		#A1					43/5 U	75 Dover Court				
2201					83	1	Suite	#102				
NAPI	LES FL 34113				84	City				85 2	ip Code	
					1	, ,	Naples		FŁ		34105	
11. Pursuant	to the provisions of Sec	tions 607.0502 an	d 607.1508, Florida Stat	tutes, the	e above	e-named o	corporatio	on submits this statement oard of directors. I hereb	for the purpose of	changing	its registered	
office or re	egistered agent, or both m familiar with fand age	, iji the State of M ent the obligations.	orida. Such change was tof, Section 607,0505, F	autnonz Iorida Si	zea oy tatutes	ine corpo	ration \$ D	oard or directors, i nereb	y accept the appo	munont a	a registered	
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I SIGNATURE	J 1 7 1 - 1	- <i>1 2</i>	<i>y</i>								-	
	Signature, typed or printed name	of registered agent and	title if applicable. (NC	TE: Registe	ered Ager	nt signature re	quired when	reinstating)	DATE			
12.		e of registered agent and OFFICERS AND D			ered Ager	nt signature re		ADDITIONS/CHANGES				
				\Box 1						ND DIREC		
12.	PS	DFFICERS AND D	IRECTORS	1:	3.		PS	ADDITIONS/CHANGES				
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14. I 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 address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

JU RED NG OFFICER OR DIRECTOR

√ 4-26-99