

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90281 002 \*\*\*150.00

DOCUMENT # P96000007610

1. Corporation Name

MYSTIC GREENS III AT LELY RESORT, INC.

Principal Place of Business

8465 MYSTIC GREEN WAY  
2201  
NAPLES FL 34113  
US

Mailing Address

8465 MYSTIC GREENS WAY  
2201  
NAPLES FL 34113  
US

2. Principal Place of Business

21 4375-Dover-Court-

Suite, Apt. #, etc.

22 Suite #102

City & State

23 Naples, FL

Zip

24 34105

Country

25 U.S.A.

2a. Mailing Address

26 4375-Dover-Court-

Suite, Apt. #, etc.

27 Suite #102

City & State

28 Naples, FL

Zip

29 34105

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BATEMAN, ARTHUR L  
8465 MYSTIC GREENS WAY  
2201  
NAPLES FL 34113

3. Date Incorporated or Qualified

01/24/1996

4. FEI Number

65-0669006

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Bateman, Arthur L.

82 Street Address (P.O. Box Number is Not Acceptable)

4375 Dover Court

83

Suite #102

84 City

Naples

FL

85 Zip Code

34105

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Arthur L. Bateman*

4-26-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME BATEMAN, ARTHUR L

STREET ADDRESS 8465 MYSTIC GREENS WAY, 2201

CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PS

☒ Change

☐ Addition

1.2 NAME

Bateman, Arthur L.

1.3 STREET ADDRESS

4375 Dover Court, Suite #102

1.4 CITY-ST-ZIP

Naples, FL 34105

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

*Arthur L. Bateman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

1941-430-1012

Daytime Phone #

CR2E034 (11/98)