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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **S79123** **(3)**

1. Corporation Name
MYSTIC GREENS DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
C/O VEGA, STANLEY, ZELMAN & HANLON 2660 AIRPORT ROAD SOUTH NAPLES FL 33962	C/O VEGA, STANLEY, ZELMAN & HANLON 2660 AIRPORT ROAD SOUTH NAPLES FL 34112-4885

3. Date Incorporated or Qualified: **09/09/1991**
3a. Date of Last Report: **04/16/1996**

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

4. FEI Number: **65-0308493** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STANLEY, JOHN F
4040 OLD TRAIL WAY
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (Signature of corporate officer or director — Typed 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	PD	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AGNELLI, JOHN		1.2 NAME	
STREET ADDRESS	8825 TAMIAMI TRAIL EAST		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	
TITLE	STD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRASETH, ROBERT		2.2 NAME	
STREET ADDRESS	8825 TAMIAMI TRAIL EAST		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	
TITLE	President	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Luke DeLange		3.2 NAME	
STREET ADDRESS	8095 Tiger Lily Drive		3.3 STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34113		3.4 CITY-ST-ZIP	
TITLE	Vice President	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Joesph Ryan		4.2 NAME	
STREET ADDRESS	1880 N Bahama Ave.		4.3 STREET ADDRESS	
CITY-ST-ZIP	Marco Is FL 34145		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JoAnn Farinacci		6.2 NAME	
STREET ADDRESS	2350 W. Crown Pt Blvd F127		6.3 STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34112		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: 3-20-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Document #

0414873