

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N24191

1. Corporation Name

MYSTIC POINTE MASTER ASSOCIATION, INC.

Principal Place of Business
3595 MYSTIC POINTE DRIVE

AVENTURA FL 33180

Mailing Address

3595 MYSTIC POINTE DRIVE AVENTURA FL 33180

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90277 035 ****61.25

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	a (818) (13) (13)	

Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 4. FEI Number 65-0023891 Applied For 65-0023891	2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualified				
Section Sect	21					01/04/1988				
City & State City & State City & State City & State		#, etc.	Suite, Apt. #, etc.				_ 			
28 29 20 30 5. Certificate of Status Desired Fee Required Zip Country Zip Country S.5.00 May Be 24 25 29 30 Trust Fund Contribution Added to Fees Added to Fees Added to Fees S. Name and Address of Current Registered Agent 10. Name and Address of Naw Registered Agent 81 Name S. Street Address of Naw Registered Agent 82 Street Address of Name S. Street Address of Name	22					00 0023031				
Zip County Zip County County General Financing St. 00 May 8e 2		е	h '		-	5. Certifcate of Status Desired	• • •			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617,0502 and 617,1506. Fiorial Statutes. Be above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Pictor of Fronds. Such charge was authorized corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the Pictor of Fronds. Such charge was authorized corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the Pictor of Fronds. Such charge was authorized corporation's board of directors. I hereby accept the appointment as registered office or registered agent agent and ties if applicable. (NOTE: Registered Agent sensitive Registered Corporation's board of directors. I hereby accept the appointment as registered agent and ties if applicable. (NOTE: Registered Agent sensitive Registered Corporation's board of directors. I hereby accept the appointment as registered agent and ties if applicable. (NOTE: Registered Agent sensitive Registered Corporation's board of directors. I hereby accept the appointment as registered agent sensitive Registered Corporation's board of directors. I hereby accept the appointment as registered agent sensitive Registered Corporation submits this statement for the purpose of changing its registered agent agent agent accepts and		Country	Zip	Country		6. Election Campaign Financing	\$5.00 May Be			
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MICHAEL HYMAN HYMAN & KAPLAN 44 WEST FLAGLER STREET MIAMI FL 33130 11. Pursuant to the provisions of Sections 617, 0502 and 617, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar-with, and accordance billigations of, Section 617, 0503, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. Pursuant to the provisions of Sections 617, 0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar-with, and accordance billigations of, Section 617,0503, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. Purpose of printed number of registered agent agent are dute of applications. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME BARNETT, STANLEY 12. NAME BARNETT, STANLEY 12. NAME BARNETT, STANLEY 12. NAME 13. STREET ADDRESS 3530. MYSTIC POINTE DR 22. NAME 22. NAME 13. TITLE 14. CITY-ST-ZP 14. CITY-ST-ZP 15. NAMAMI BEACH FL 16. NAME 16. NAMAMI BEACH FL 17. STANLEY 18. S/T						10. Name and Address of New Registered Agent				
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NAME TORNBERG, RALPH 62 NAME David Schepps	NAME	TORNBERG, RALPH		6.2 NAME						
	STREET ADDRESS	19195 MYSTIC POINTT DR	Į.	6.3 STREET	ADORESS	19195 Mystic Pointe Dr.				

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 617, 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:

Ted EdSavoyATURE CEQUISCENT

2 22 99 305-932-9607 000010011 Date Dayline Phone #

CR2E037 (11/98