

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

0034992

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0023891	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	30	

9. Name and Address of Current Registered Agent

MICHAEL HYMAN
HYMAN & KAPLAN
44 WEST FLAGLER STREET
MIAMI FL 33130

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, STANLEY	1.2 NAME	
STREET ADDRESS	3400 NE 192ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDON, RONALD	2.2 NAME	London, Ronald
STREET ADDRESS	3530 MYSTIC POINTE DR	2.3 STREET ADDRESS	3530 Mystic Pointe Dr.
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHMAN, HERB	3.2 NAME	
STREET ADDRESS	3530 MYSTIC POINTE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVICK, ROBERT	4.2 NAME	Novick; Robert
STREET ADDRESS	3600 MYSTIC POINTE DR	4.3 STREET ADDRESS	3600 Mystic Pointe Dr.
CITY-ST-ZIP	N. MIAMI BEACH FL	4.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESARVOY, TED	5.2 NAME	LeSavoy, Ted
STREET ADDRESS	19101 MYSTIC POINTE DR	5.3 STREET ADDRESS	19101 Mystic Pointe Dr.
CITY-ST-ZIP	N. MIAMI BEACH FL	5.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORNBERG, RALPH	6.2 NAME	David Schepps
STREET ADDRESS	19195 MYSTIC POINTT DR	6.3 STREET ADDRESS	19195 Mystic Pointe Dr.
CITY-ST-ZIP	N MIAMI BEACH FL	6.4 CITY-ST-ZIP	Aventura, FL 33180

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 LeSavoy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

2/22/99 305-932-9600

CR2E037 (11/98)