

FILE NOW: FILING FEE IS \$61.25

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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39074** (2)

1. Corporation Name

**MYSTIC POINTE MARINA CONDOMINIUM ASSOCIATION, IN
C.**

Principal Place of Business

Mailing Address

**C/O THE CONTINENTAL GROUP
20801 N.E. 16TH AVENUE, B-14
N. MIAMI BEACH FL 33179**

**C/O THE CONTINENTAL GROUP
20801 N.E. 16TH AVENUE, B-14
N. MIAMI BEACH FL 33179-2122**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/13/1990		3a. Date of Last Report 02/07/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0205274		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REINHARD, SANFORD 2879 N.E. 191ST STREET, SUITE 404 NORTH MIAMI BEACH FL 33180				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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's signature required when reinstating)

DATE

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	FISHMAN, HERBERT	1.2 NAME	
STREET ADDRESS	3530 MYSTIC POINTE DR #1715	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRTMAN, MILTON	2.2 NAME	
STREET ADDRESS	19500 TURNBERRY WAY #15B	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONDON, RON	3.2 NAME	
STREET ADDRESS	3530 MYSTIC POINTE DR #2804	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, ROBERT	4.2 NAME	
STREET ADDRESS	3530 MYSTIC POINTE DR. #1205	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISHNER, RUDOLPH	5.2 NAME	
STREET ADDRESS	19101 MYSTIC POINTE DR. #911	5.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name

CR2E037 (9/96)