

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90643 023 \*\*\*\*61.25

00056928

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N39074**

1. Entity Name

**MYSTIC POINTE MARINA  
 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3575 Mystic Pointe Drive  
 Aventura, FL 33180**

2. Principal Place of Business

**Same**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0205274**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANFORD REINHARD  
 2875 NE 191 Street - #404  
 North Miami Beach, FL 331880**

Name

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

City

**FL**

Zip Code

**Sandy**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P- Mr. Ron London** ☐ Delete  
 NAME **3539 Mystic Pointe Dr.-2804**  
 STREET ADDRESS **Aventura, FL 331880**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP- Herbert Fishman** ☐ Delete  
 NAME **3530 Mystic Pointe Dr.-1205**  
 STREET ADDRESS **Aventura, FL 33180**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S/T- Robert Ford** ☐ Delete  
 NAME **19101 Mystic Pointe Dr.-#1205**  
 STREET ADDRESS **Aventura, FL 33180**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D-Mickey Kirtman** ☐ Delete  
 NAME **19707 Turnberry Way-#21K**  
 STREET ADDRESS **Aventura, FL 33180**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D-Larry Rodgers** ☐ Delete  
 NAME **3575 Mystic Pointe Drive**  
 STREET ADDRESS **Slip #52**  
 CITY-ST-ZIP **Aventura, FL 33180**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)