


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90076 020 ****70.00

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1. Entity Name
MYSTIC PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
COURTESY PROPERTY MANAGEMENT
13250 SW 135 AVENUE
MIAMI, FL 33186

Mailing Address
COURTESY PROPERTY MANAGEMENT
13250 SW 135 AVENUE
MIAMI, FL 33186



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0818678

Applied For
 Not Applicable

City & State

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

SLATON, DAVID R
169 E FLAGLER STREET
SUITE 1224
MIAMI, FL 33131

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **LUNA, NATALIA**
 STREET ADDRESS **955 NW 82 AVENUE, UNIT 114**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **TORRES, MARTHA**
 STREET ADDRESS **905 NW 82 AVE UNIT 211**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D** Change Addition
 NAME **VELILLA, MARIA**
 STREET ADDRESS **925 NW 82-AVE, UNIT 114**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D** Delete
 NAME **FLEITES, MAGDALENA**
 STREET ADDRESS **925 NW 82ND AVE, UNIT-211**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **ALONSO, ADA**
 STREET ADDRESS **905 NW 82 AVE UNIT 215**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **PD, TD** Change Addition
 NAME **ALONSO, ADA**
 STREET ADDRESS **905 NW 82 AVE, # B215**
 CITY-ST-ZIP **MIAMI, FL 33126**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Debra All* 1/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #