

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005642

FILED  
Mar 21, 2011  
Secretary of State

**Entity Name:** MYSTIC PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

ATLAS PROPERTY MANAGEMENT SERVICES, INC.  
1450 NW 87 AVENUE, SUITE 204  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

ATLAS PROPERTY MANAGEMENT SERVICES, INC.  
1450 NW 87 AVENUE, SUITE 204  
DORAL, FL 33172

**New Mailing Address:**

**FEI Number:** 65-0818678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EISINGER BROWN LEWIS & FRANKEL, PA  
ATTN: DENNIS J EISINGER, ESQUIRE  
4000 HOLLYWOOD BLVD, SUITE 265-S  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDTD  
Name: ALONSO, ADA  
Address: 905 N W 82 AVE UNIT B215  
City-St-Zip: MIAMI, FL 33126

Title: T  
Name: FIGUEROA, ANTONIO  
Address: 925 N W 82 AVE UNIT B111  
City-St-Zip: MIAMI, FL 33126

Title: VP/S  
Name: LOGREIRA, AMIS C  
Address: 905 N W 82 AVE UNIT B211  
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADA ALONSO

P

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date