

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90171 041 ****70.00

DOCUMENT # **N96000005642**

1. Entity Name
MYSTIC PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**905 925 955 NW 82 AVE.
MIAMI FL 33126**

Mailing Address

**2655 LE JEUNE RD.
327
CORAL GABLES FL 33134**

2. Principal Place of Business

Courtesy Property Management

Suite, Apt. #, etc.
13250 SW 135 AVENUE

City & State
Miami, FLORIDA

Zip Country
33186 US

3. Mailing Address

COURTESY PROPERTY MGMT

Suite, Apt. #, etc.
13250 SW 135 AVENUE

City & State
MIAMI, FLORIDA

Zip Country
33186 US



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0818678**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ATLAS PROPERTY MANAGEMENT SERVICES
2655 LE JEUNE RD.
STE 327
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **DAVID R. SLATON**

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

Suite 1224

City **MIAMI** FL Zip Code **33131**

8. The above named entity admits 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 *[Signature]*
Signature printed name of registered agent and

David R. Slaton
(NOTE: Registered Agent signature required when reinstating)

4/22/2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DIPP, FEY DA	
STREET ADDRESS	905 NW 82ND AVE., UNIT 115	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VPSD	<input checked="" type="checkbox"/> Delete
NAME	DEVERO, CHERYL	
STREET ADDRESS	905 NW 82ND AVE., UNIT 218	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARRETO, GUSTAVO	
STREET ADDRESS	955 NW 82ND AVE., UNIT 214	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLEITES, MAGDALENA	
STREET ADDRESS	925 NW 82ND AVE., UNIT 211	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, MARLENE	
STREET ADDRESS	905 NW 82 Avenue, Unit 217	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNA, NATALIA	
STREET ADDRESS	955 NW 82 Avenue, Unit 114	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAGOSA, Klimilda	
STREET ADDRESS	925 NW 82 Avenue, Unit 217	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

4/15/2003

CR2E037 (10/02)