

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39074

Entity Name: MYSTIC POINTE MARINA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3575 MYSTIC POINTE DRIVE
AVENTURA, FL 33180**Current Mailing Address:**3575 MYSTIC POINTE DRIVE
AVENTURA, FL 33180 US**FEI Number:** 65-0205274**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REINHARD, SANFORD
2482 BAY ISLE DR.
WESTON, FL 33327 US*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**Officer/Director Detail :**

Title	P
Name	SCHACHNER, SEYMOUR
Address	3530 MYSTIC POINTE DRIVE APT #1815
City-State-Zip:	AVENTURA FL 33180

Title	ST
Name	FORD, ROBERT
Address	19101 MYSTIC POINTE DRIVE APT #1205
City-State-Zip:	AVENTURA FL 33180

Title	VP
Name	MEHLMAN, CHARLES
Address	3600 MYSTIC POINTE DRIVE APT #318
City-State-Zip:	AVENTURA FL 33180

Title	D
Name	KAUFMAN, EDWARD
Address	3530 MYSTIC POINTE DRIVE APT #2315
City-State-Zip:	AVENTURA FL 33180

Title	D
Name	YUNGER, ISRAEL
Address	3475 MYSTIC POINTE DRIVE TH #1
City-State-Zip:	AVENTURA FL 33180

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: ROBERT FORD**ST****01/27/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date