

2014 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**FEI Number:** 65-0205274**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REINHARD, SANFORD
1290 WESTON ROAD
SUITE 201
WESTON, FL 33326 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	VP
Name	ZIEFF, JIM
Address	3530 MYSTIC POINTE DRIVE, #915
City-State-Zip:	AVENTURA FL 33180

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

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

Title	D
Name	CARTER, RANDY
Address	3500 MYSTIC POINTE DR, #2907
City-State-Zip:	AVENTURA FL 33180

Title	D
Name	LANIGAN, JAMES
Address	6 VENETIAN PARKWAY
City-State-Zip:	LAKE PLACID FL 33852

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

03/12/2014

Electronic Signature of Signing Officer/Director Detail_____
Date