

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005642

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

**Current Principal Place of Business:**

ATLAS PROPERTY MANAGEMENT SERVICES, INC.  
1500 NW 89 COURT SUITE 202  
DORAL, FL 33172

**Current Mailing Address:**

ATLAS PROPERTY MANAGEMENT SERVICES, INC.  
1500 NW 89 COURT SUITE 202  
DORAL, FL 33172 US

**FEI Number:** 65-0818678

**Certificate of Status Desired:** No

**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

*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 PDTD  
Name ALONSO, ADA  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title T  
Name FIGUEROA , ANTONIO  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title VP/S  
Name LOGREIRA, AMIS C  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

*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:** ALONSO , ADA

**PRESIDENT**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date