

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N24190 (3)
 1. Corporation Name

MYSTIC POINTE CONDOMINIUM NO. ONE ASSOCIATION, I NC.



Principal Place of Business: **3600 MYSTIC POINTE DR. AVENTURA FL 33180**
 Mailing Address: **3600 MYSTIC POINTE DR. AVENTURA FL 33180**

3. Date Incorporated or Qualified: **01/04/1988**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **65-0023832**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 28, 27, 28, 29, 30
 Suite, Apt. #, etc.
 City & State
 Zip Country

9. Name and Address of Current Registered Agent

**DE HAAN, ELLEN HIRSH
 BECKER, POLIAKOFF PA
 EMERALD LAKE KOPP PK. 3111 STIRLING RD
 FT LADUERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name: **SKRLD, Inc.**
 82 Street Address (P.O. Box Number is Not Acceptable): **201 Alhambra Circle**
 83 Suite: **Suite 1102**
 84 City: **Coral Gables** 85 Zip Code: **FL 33134**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **SKRLD, Inc. by Lisa A. Lerner** *Lisa A. Lerner*, Secretary, DATE: **6/18/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOSINOFF, JOE	
STREET ADDRESS	3600 MYSTIC POINTE DR SUITE 412	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LODIN, NORMAN	
STREET ADDRESS	3600 MYSTIC PONTE DR SUITE 1118	
CITY-ST-ZIP	AVENTURA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHARLES, SHIRLEY	
STREET ADDRESS	3600 MYSTIC POINTE DR SUITE 1810	
CITY-ST-ZIP	AVENTURA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPRING, ALLAN	
STREET ADDRESS	3600 MYSTIC POINTE DR SUITE 905	
CITY-ST-ZIP	AVENTURA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP DR. SHERIDAN BEGUSTEN
2.3 STREET ADDRESS	3600 MYSTIC POINTE DR. SUITE 913
2.4 CITY-ST-ZIP	AVENTURA FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Allan Spring* June 19/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Allan Spring - Secretary**
 Date: **6-19-96** Daytime Phone #: **305-931-2569**

CR2E037 (3/96)