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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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, INC.



Principal Place of Business: 3600 MYSTIC POINTE DR. AVENTURA FL 33180
Mailing Address: 3600 MYSTIC POINTE DR. AVENTURA FL 33180-2565

3. Date Incorporated or Qualified: 01/04/1988
3a. Date of Last Report: 06/25/1996
4. FLI Number: 65-0023832
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: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
SKRLD, INC
201 ALHAMBRA CIRCLE, SUITE 1102
EMERALD LAKE CORP PK. 3111 STIRLING RD
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NAME: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSINOFF, JOE	1.2 NAME	
STREET ADDRESS	3600 MYSTIC POINTE DR SUITE 412	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, SHELDON DR	2.2 NAME	
STREET ADDRESS	3600 MYSTIC PONTE DR SUITE 1118	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES, SHIRLEY	3.2 NAME	
STREET ADDRESS	3600 MYSTIC POINTE DR SUITE 1610	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRING, ALLAN	4.2 NAME	
STREET ADDRESS	3600 MYSTIC POINTE DR SUITE 905	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Correction on Spelling
Bernstein Sheeldon DR.

14. I do 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 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 CALLAN SPRING Jan 17/97 305-9332636

CR2E037 (9/96)