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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24190

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/04/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0023832

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME PD
BOSINOFF, JOE
STREET ADDRESS 3600 MYSTIC POINTE DR SUITE 412
CITY-ST-ZIP AVENTURA FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME VP
NORMAN LODIN
STREET ADDRESS 3600 MYSTIC PONTE DR SUITE 1118
CITY-ST-ZIP AVENTURA FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME TD
CHARLES, SHIRLEY
STREET ADDRESS 3600 MYSTIC POINTE DR SUITE 1610
CITY-ST-ZIP AVENTURA FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME PD
CAROL STACK
STREET ADDRESS 1150 SOROLLA AVE
CITY-ST-ZIP CORAL GABLES FL 33134

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 (305) 933-2636
Daytime Phone #

CR2E037 (1/198)