

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90102 013 ****61.25

DOCUMENT # N24190

1. Entity Name
MYSTIC POINTE CONDOMINIUM NO. ONE ASSOCIATION, I

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0023832** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SKRLD, INC
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD BOSINOFF, JOE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3600 MYSTIC POINTE DR SUITE 412	
CITY-ST-ZIP	AVENTURA FL	
TITLE NAME	VP LODIN, NORMAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3600 MYSTIC PONTE DR SUITE 1118	
CITY-ST-ZIP	AVENTURA FL	
TITLE NAME	TD STACK, CAROL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3600 MYSTIC POINTE DR SUITE 1610	
CITY-ST-ZIP	AVENTURA FL	
TITLE NAME	PD JIMENEZ, FERNANDO R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1150 SOROLLA AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Director Melvin Witten	<input type="checkbox"/> Delete Addition
STREET ADDRESS	3600 Mystic Pointe. Dr. #206	
CITY-ST-ZIP	Aventura, FL 33180	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD Sheldon Bernstein	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3600 Mystic Pointe Dr Ste. 913	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE NAME	vp Samuel Fiore	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3600 Mystic Pointe Dr. #1902	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE NAME	Treasurer Maritza Larramendi	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3600 Mystic Pointe #1108	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE NAME	Secretary Gary Paikoff	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3600 Mystic Pointe Dr. #1615	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE NAME	Director Melvin Halpern	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3600 Mystic Pointe Dr. #601	
CITY-ST-ZIP	Aventura, FL 33180	
TITLE NAME	Director Shirley Charles	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3600 Mystic Pointe Dr. #1610	
CITY-ST-ZIP	Aventura, FL 33180	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE** _____ Date **1-5-01** Daytime Phone # _____

CR2E037 (10/00)