
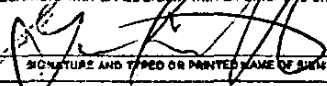


FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90308 003 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | | | | | |
|---|-----------------------------|---------------------------------|--|--|-----------------------------------|
| DOCUMENT # N24190 | | | |  | |
| 1. Entity 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 | | 3. Mailing Address | | 02242005 Chg-NP CR2EQ37 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 65-0023832 | |
| City & State | | City & State | | Applied for Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SKRLD, INC 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL 33134 | | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of the stated agent and the filer acceptable. (F.O.I.: Registered Agent signature required when naming filer)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PAIKOFF, GARY | | NAME | | |
| STREET ADDRESS | 3600 MYSTIC POINTE DR 1617 | | STREET ADDRESS | | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HALPERN, MELVIN | | NAME | | |
| STREET ADDRESS | 3500 MYSTIC POINTE DR. #601 | | STREET ADDRESS | | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LARRAMENDI, MARTIZA | | NAME | | |
| STREET ADDRESS | 3600 MYSTIC POINTE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WITTEN, MELVIN | | NAME | | |
| STREET ADDRESS | 3600 MYSTIC POINTE DR. #105 | | STREET ADDRESS | | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JONES, BRIAN | | NAME | | |
| STREET ADDRESS | 3600 MYSTIC POINTE DR #803 | | STREET ADDRESS | | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GREEN, IRVING | | NAME | | |
| STREET ADDRESS | 3600 MYSTIC POINTE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | | CITY-ST-ZIP | | |
| 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 and therefor to execute this report, as required by Chapter 6-7, 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 empowers. | | | | | |
| SIGNATURE:  | | | GARY PAIKOFF PRESIDENT | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 305-933-2636 | | |

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