



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

02-28-2006 90015 049 ****61.25

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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Country	
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				Name	
Street Address (P.O. Box Numbers Not Acceptable)				Street Address (P.O. Box Numbers Not Acceptable)	
City				City	
FL				FL	
Zip Code				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 _____ <small>Signed, dated, and sworn to by the registered agent or the corporation, or both, for the purpose of changing its registered office or registered agent.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	3600 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included on this report or supplementary 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 a other the empowered.					
SIGNATURE: 		GARY PAIKOFF 3/13/06 PRESIDENT			
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66005509



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0023832

Applied For
Not Applicable

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



ATTACHMENT
66005509

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2006

MYSTIC POINTE TOWER 300 MANAGEMENT OFFICE
3600 MYSTIC POINTE DR.
MIAMI, FL 33180-2590

Subject: ~~MYSTIC POINTE TOWER 300 MANAGEMENT OFFICE~~

Reference Number: 00000063246

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LM
ANNUAL REPORTS SECTION