

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24190

FILED
Jan 05, 2011
Secretary of State

Entity Name: MYSTIC POINTE CONDOMINIUM NO. ONE ASSOCIATION, INC.

Current Principal Place of Business:

3600 MYSTIC POINTE DR.
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3600 MYSTIC POINTE DR.
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-0023832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHENDELL & ASSOCIATES, P.A.
3650 NORTH FEDERAL HWY, SUITE 202
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: SMITH, PAULA
Address: 3600 MYSTIC POINTE DR 1914
City-St-Zip: AVENTURA, FL 33180

Title: VP
Name: FIORE, SAM
Address: 3600 MYSTIC POINTE DR. 1902
City-St-Zip: AVENTURA, FL 33180

Title: D
Name: LANDSBERG, DENNIS
Address: 3600 MYSTIC POINTE DR 1915
City-St-Zip: AVENTURA, FL 33180

Title: S
Name: WITTEN, MELVIN
Address: 3600 MYSTIC POINTE DR. #105
City-St-Zip: AVENTURA, FL 33180

Title: T
Name: CHARLES, SHIRLEY
Address: 3600 MYSTIC POINTE DR 1610
City-St-Zip: AVENTURA, FL 33180

Title: D
Name: FITTERMAN, SANDRA
Address: 3600 MYSTIC POINTE DR 311 1810
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAULA SMITH

P

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date