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Mar 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N24191 (1)  
1. Corporation Name

MYSTIC POINTE MASTER ASSOCIATION, INC.



Principal Place of Business: 3595 MYSTIC POINTE DRIVE AVENTURA FL 33180  
Mailing Address: 3595 MYSTIC POINTE DRIVE AVENTURA FL 33180-2553

3. Date Incorporated or Qualified: 01/04/1988  
3a. Date of Last Report: 04/27/1996  
4. FEI Number: 65-0023891  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
MICHAEL HYMAN  
HYMAN & KAPLAN  
44 WEST FLAGLER STREET  
MIAMI FL 33130

10. Name and Address of New Registered Agent  
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] DATE: 3/16/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE DS BARNETT, STANLEY  
NAME BARNETT, STANLEY  
STREET ADDRESS 3400 NE 192ND ST  
CITY-ST-ZIP N MIAMI BEACH FL  
TITLE D SOCOLOV, LIONEL  
NAME SOCOLOV, LIONEL  
STREET ADDRESS 3530 MYSTIC POINTE DR.  
CITY-ST-ZIP N. MIAMI BEACH FL  
TITLE D FISHMAN, HERB  
NAME FISHMAN, HERB  
STREET ADDRESS 3530 MYSTIC POINTE DR  
CITY-ST-ZIP N. MIAMI BEACH FL 33180  
TITLE P NOVICK, ROBERT  
NAME NOVICK, ROBERT  
STREET ADDRESS 3600 MYSTIC POINTE DR  
CITY-ST-ZIP N. MIAMI BEACH FL  
TITLE VP LESAVOY, TED  
NAME LESAVOY, TED  
STREET ADDRESS 19101 MYSTIC POINTE DR  
CITY-ST-ZIP N. MIAMI BEACH FL  
TITLE D EPSTEIN, CHESTER  
NAME EPSTEIN, CHESTER  
STREET ADDRESS 3500 MYSTIC POINTE DR.  
CITY-ST-ZIP N MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D Change Addition  
1.2 NAME Barnett, Stanley  
1.3 STREET ADDRESS 3400 NE 192nd St.  
1.4 CITY-ST-ZIP N. Miami Beach, FL  
2.1 TITLE Secretary Change Addition  
2.2 NAME London, Ronald  
2.3 STREET ADDRESS 3530 Mystic Pointe Dr.  
2.4 CITY-ST-ZIP N. Miami Beach, FL  
3.1 TITLE VP Change Addition  
3.2 NAME Fishman, Herb  
3.3 STREET ADDRESS 3530 Mystic Pointe Dr.  
3.4 CITY-ST-ZIP N. Miami Beach, FL 33180  
4.1 TITLE D Change Addition  
4.2 NAME Novick, Robert  
4.3 STREET ADDRESS 3600 Mystic Pointe Dr.  
4.4 CITY-ST-ZIP N. Miami Beach, FL  
5.1 TITLE P Change Addition  
5.2 NAME LeSavoy, Ted  
5.3 STREET ADDRESS 19101 Mystic Pointe Drive  
5.4 CITY-ST-ZIP N. Miami Beach, FL  
6.1 TITLE T Change Addition  
6.2 NAME Tornberg, Ralph  
6.3 STREET ADDRESS 19195 Mystic Pointe Drive  
6.4 CITY-ST-ZIP N Miami Beach, FL

14. I do 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.

SIGNATURE: [Signature] DATE: 3/16/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: TED LESAVOY  
Date: 3/16/97 Daytime Phone: 0033889

CR2E037 (9/96)