


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/04/1988		
4. FEI Number 65-0023891	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

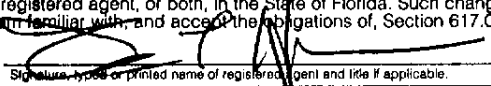
9. Name and Address of Current Registered Agent

**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	85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0902 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:  DATE: **3/4/98**

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

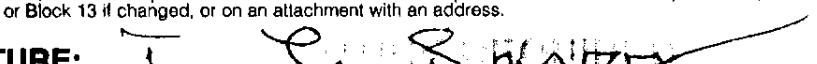
12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNETT, STANLEY	
STREET ADDRESS	3400 NE 192ND ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LONDON, RONALD	
STREET ADDRESS	3530 MYSTIC POINTE DR	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FISHMAN, HERB	
STREET ADDRESS	3530 MYSTIC POINTE DR	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOVICK, ROBERT	
STREET ADDRESS	3600 MYSTIC POINTE DR	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LESVOY, TED	
STREET ADDRESS	19101 MYSTIC POINTE DR	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TORNBERG, RALPH	
STREET ADDRESS	19195 MYSTIC POINT DR	
CITY-ST-ZIP	N MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:  DATE: **3/6/98**

CR2E037 (10/97)