

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 22, 2001 8:00 am
Secretary of State

04-18-2001 90102 035 ****61.25

DOCUMENT # N24191
 1. Entity Name
MYSTIC POINTE MASTER ASSOCIATION, INC.

Principal Place of Business Mailing Address
3595 Mystic Pointe Drive 3595 Mystic Pointe Drive
Aventura, FL 33180 Aventura, FL 33180-2553


2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Zip Country Country

4. FEI Number Applied For
65-0023891 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MICHAEL HYMAN
HYMAN & kaplan
150 West Flagler St.
Miami, FL 33130

7. Name and Address of New Registered Agent
 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.
 SIGNATURE  DATE **4/10/01**
Signature, typed or printed name of registered agent as applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to: Department of State**


10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHERER, DAVID	
STREET ADDRESS	19195 MYSTIC POINTE DR	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	LESAVOY, TED	
STREET ADDRESS	19101 MYSTIC POINTE DR	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOVICK, ROBERT	
STREET ADDRESS	3600 MYSTIC POINTE DR	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	S / D	<input type="checkbox"/> Delete
NAME	LONDON, RON	
STREET ADDRESS	3530 MYSTIC POINTE DR	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	T	<input type="checkbox"/> Delete
NAME	EZRIN, MARTY	
STREET ADDRESS	3500 MYSTIC POINTE DR	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHMAN, HERB	
STREET ADDRESS	3530 MYSTIC POINTE DR	
CITY-ST-ZIP	AVENTURA, FL 33180	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 all other like empowered.

SIGNATURE:  DATE **4/6/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)



Attachment

N24191

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ON THE BAY

MYSTIC POINTE MASTER ASSOCIATION



Officers & Directors (continued)

D

Claudio Tome

3400 NE 192nd St.

Aventura, FL 33180