


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N24191
 1. Entity 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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03262004 No Chg-NP CR2E037 (10/03)


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4. FEI Number 65-0023891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HYMAN, MICHAEL
 HYMAN, KAPLAN, GANGUZZA, SPECTOR
 & MARS., P.A.-150 W. FLAGLER ST. #2701
 MIAMI, FL 33130

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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:  DATE: **4/9/04**

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	T
NAME	EZRIN, MARTY
STREET ADDRESS	3500 MYSTIC POINTE DR., 1704
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	D
NAME	TOME, CLAUDIO
STREET ADDRESS	3400 NE 192ND STREET, #1208
CITY-ST-ZIP	AVENTURA, FL
TITLE	D
NAME	FORD, ROBERT
STREET ADDRESS	19101 MYSTIC POINTE DR., #1205
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	EVP
NAME	NOVICK, ROBERT
STREET ADDRESS	3800 MYSTIC POINTE DR
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VP
NAME	LESAVOY, TED
STREET ADDRESS	19101 MYSTIC POINTE DR
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	P
NAME	SCHEPPS, DAVID
STREET ADDRESS	19195 MYSTIC POINTT DR
CITY-ST-ZIP	AVENTURA, FL 33180

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UD00000121093
 04/20/04-80036-003 61.25

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 reports 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: **4/6/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR