

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90024 002 \*\*\*\*61.25

**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**

**50017050**



1st MOORE CR2E037 (10/04)

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

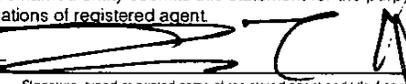
3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number: **65-0023891** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$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**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **2/8/05**

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

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2005**

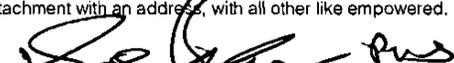
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>EZRIN, MARTY</b> <b>3500 MYSTIC POINTE DR., 1704 AVENTURA FL 33180</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOME, CLAUDIO</b> <b>3400 NE 192ND STREET, #1208 AVENTURA FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FORD, ROBERT</b> <b>19101 MYSTIC POINTE DR., #1205 AVENTURA FL 33180</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>NOVICK, ROBERT</b> <b>3600 MYSTIC POINTE DR AVENTURA FL 33180</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LESAVOY, TED</b> <b>19101 MYSTIC POINTE DR AVENTURA FL 33180</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHEPPS, DAVID</b> <b>19195 MYSTIC POINTT DR AVENTURA FL 33180</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Davis, Barry AVENTURA FL 33180 19101 Mystic Pointe Dr. PH8</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ron London 3530 Mystic Pointe Dr. 2804 Aventura, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **2/11/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #