


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N24191</b> 1. Entity Name MYSTIC POINTE MASTER ASSOCIATION, INC.	
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Principal Place of Business 3595 MYSTIC POINTE DRIVE AVENTURA, FL 33180	Mailing Address 3595 MYSTIC POINTE DRIVE AVENTURA, FL 33180
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01102007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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	DAVIS, BARRY
STREET ADDRESS	19101 MYSTIC POINTE DR PH8
CITY-ST-ZIP	AVENTURA, FL 33180
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	3600 MYSTIC POINTE DR
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	S
NAME	LONDON, RON
STREET ADDRESS	3530 MYSTIC POINTE DR 2804
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	P
NAME	SCHEPPS, DAVID
STREET ADDRESS	19195 MYSTIC POINTT DR
CITY-ST-ZIP	AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**

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 01/22/07-80018-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **David Schepps -President** 1/11/2007

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