

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N30986 (6)**

1. Corporation Name  
**MYSTIC POINTE CONDOMINIUM NO. TWO ASSOCIATION, I NC.**



Principal Place of Business  
**19195 MYSTIC POINT DR  
3595 MYSTIC POINTE DR.  
NORTH MIAMI BEACH FL 33180**

Mailing Address  
**19195 MYSTIC POINT DR  
3595 MYSTIC POINTE DR.  
NORTH MIAMI BEACH FL 33180**

3. Date Incorporated or Qualified **03/03/1989** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business  
21 **19195 MYSTIC POINTE DR**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **19195 MYSTIC POINTE DR**  
Suite, Apt. #, etc.

4. FEI Number **65-0176649**  
Applied For  
Not Applicable

22 City & State  
23 **AVENTURA FL**

27 City & State  
28 **AVENTURA, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 Zip **33180** 25 Country **DANE**  
29 Zip **33180** 30 Country **DADE**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**YABLIN, ARNOLD  
699 SO. FEDERAL HIGHWAY  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TURNER, HAROLD DR.	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, GINA DR.	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRADY, HELENE	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROTH, IRIS	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREILE, GUILLERMO	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PASICHOW, MILT	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" 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 checked="" type="checkbox"/> Addition
2.2 NAME	<b>P RALPH TORNBORG</b>
2.3 STREET ADDRESS	<b>19195 MYSTIC POINTE DRIVE</b>
2.4 CITY-ST-ZIP	<b>N. MIAMI BCH. FL 33180</b>
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 checked="" type="checkbox"/> Addition
5.2 NAME	<b>D ALAN STUTZ</b>
5.3 STREET ADDRESS	<b>19195 MYSTIC POINTE DRIVE</b>
5.4 CITY-ST-ZIP	<b>NO MIAMI BCH, FL 33180</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D MARVIN ASZKENAS</b>
6.3 STREET ADDRESS	<b>19195 MYSTIC POINTE DRIVE</b>
6.4 CITY-ST-ZIP	<b>N. MIAMI BCH, FL 33180</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ralph Torborg* Date: **Feb. 19, 1996** (305) 932-5169

CR2E037 (12/95)