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**Feb 03 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

Mailing Address

**19185 MYSTIC POINT DR
AVENTURA FL 33180
US**

**19195 MYSTIC POINT DR
AVENTURA FL 33180-4502
US**

3. Date Incorporated or Qualified
03/03/1989

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0176649

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YABLIN, ARNOLD
699 SO. FEDERAL HIGHWAY
HOLLYWOOD FL 33020**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **V**
STREET ADDRESS **TURNER, HAROLD DR.**
CITY-ST-ZIP **19195 MYSTIC POINTE DRIVE
N. MIAMI BEACH FL**

1.1 TITLE **Director** Change Addition
1.2 NAME **Ann Ehrlich**
1.3 STREET ADDRESS **19195 Mystic Pointe Drive**
1.4 CITY-ST-ZIP **North Miami, FL 33180**

TITLE DELETE
NAME **P**
STREET ADDRESS **TORNBERG, RALPH**
CITY-ST-ZIP **19195 MYSTIC POINTE DRIVE
N. MIAMI BEACH FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **SD**
STREET ADDRESS **BRADY, HELENE**
CITY-ST-ZIP **19195 MYSTIC POINTE DRIVE
N. MIAMI BEACH FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **TD**
STREET ADDRESS **ROTH, IRIS**
CITY-ST-ZIP **19195 MYSTIC POINTE DRIVE
N. MIAMI BEACH FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME **D**
STREET ADDRESS **STUTZ, ALAN**
CITY-ST-ZIP **19195 MYSTIC POINTE DRIVE
NORTH MIAMI BEACH FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME **D**
STREET ADDRESS **ASZKENAS, MARVIN**
CITY-ST-ZIP **19195 MYSTIC POINTE DRIVE
NORTH MIAMI BEACH FL**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, 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 Tornberg, Pres.** *Ralph Tornberg* **Pres. 1-23-97**
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033365

CR2E037 (9/96)