

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$41.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90013 035 \*\*\*\*61.25  
 07-20-1999 90015 050 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N30986**

1. Corporation Name

**MYSTIC POINTE CONDOMINIUM NO. TWO ASSOCIATION, I NC.**

Principal Place of Business

Mailing Address

19195 MYSTIC POINT DR  
 AVENTURA FL 33180  
 US

19195 MYSTIC POINT DR  
 AVENTURA FL 33180  
 US

POSTED

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21  Suite, Apt. #, etc.

26  Suite, Apt. #, etc.

03/03/1989

22 City & State

27 City & State

4. FBI Number

Applied For  
 Not Applicable

23 Zip

28 Zip

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Country

29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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]* DATE 7/9/99

(NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> DELETE
NAME	TURNER, HAROLD DR.	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHEPPE, DAVID JUDGE	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADY, HELENE	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NORMAN CHERNICK	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STUTZ, ALAN	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOEL GRAY	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	N MIAMI BCH FL 33180	

1.1 TITLE	<input 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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

RECEIVED  
 JUL 02 1999

CR2E037 (5/99)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 this 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, with all other like empowers.

SIGNATURE: *[Signature]* DATE 6/27/99