

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90289 023 ****61.25

DOCUMENT # N30986

1. Entity Name

MYSTIC POINTE CONDOMINIUM NO. TWO ASSOCIATION, I

Principal Place of Business

Mailing Address

19195 MYSTIC POINT DR
 AVENTURA FL 33180
 US

19195 MYSTIC POINT DR
 AVENTURA FL 33180-4502
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0176649

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YABLIN, ARNOLD
699 SO. FEDERAL HIGHWAY
HOLLYWOOD FL 33020

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. PARTNERS IN 10

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	SCHEPPS, 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 checked="" 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	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOEL GRAY	
STREET ADDRESS	19195 Mystic Pointe Drive	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDGE DAVID SCHEPPS	
STREET ADDRESS	19195 Mystic Pointe Drive	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, DR. HAROLD	
STREET ADDRESS	19195 Mystic Pointe Drive	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN CHERNICK	
STREET ADDRESS	19195 Mystic Pointe Drive	
CITY-ST-ZIP	AVENURA, FL 33180	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELENE BRADY	
STREET ADDRESS	19195 Mystic Pointe Drive	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN EHRlich	
STREET ADDRESS	19195 Mystic Pointe Drive	
CITY-ST-ZIP	AVENRUA, FL 33180	

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 or without other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

Date

305-932-9169

Daytime Phone #

CR2E037 (9/99)