

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90025 031 ****61.25

DOCUMENT # N30986
 1. Entity Name
MYSTIC POINTE CONDOMINIUM NO. TWO ASSOCIATION, INC.



Principal Place of Business Mailing Address
 19195 MYSTIC POINT DR 19195 MYSTIC POINT DR
 AVENTURA FL 33180 AVENTURA FL 33180
 US US

54033120



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0176649 Not Applicable

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

6. Name and Address of Current Registered Agent
**WEINBERG, STEVEN
 FRANK, WEINBERG, BLACK, P.L.
 7805 S.W. 6TH COURT
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name: **STEVEN A. WEINBERG ESQ.**
 Street Address (P.O. Box Number is Not Accepted): **7805 S.W. 6th Court**
PLANTATION
 City: FL Zip Code: **33324**

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 _____

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GRAY, JOEL	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHEPPS, DAVID JUDGE	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, BOBBIE	
STREET ADDRESS	19195 MYSTIC PT DR	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NORMAN CHERNICK	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRIGAL, HARRIET	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINEKOFF, JACK	
STREET ADDRESS	19195 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	AVENTURA FL 33180	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KISILEVICH, LILY	
STREET ADDRESS	19195 MYSTIC PT. DR	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/12/04** Daytime Phone # _____

Attachments

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DOCUMENT # N30986



MYSTIC POINTE CONDOMINIUM NO. TWO SOCIATION, INC.

Principal Place of Business: 19195 MYSTIC POINT DR AVENTURA FL 33180
 Mailing Address: 19195 MYSTIC POINT DR AVENTURA FL 33180 US

54033120



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suba, Apt. #, etc.
 3. Mailing Address: Suba, Apt. #, etc.

City & State

Zip Country

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

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 WEINBERG, STEVEN
 FRANK WEINBERG, BLACK, P.L.
 7805 S.W. 6TH COURT
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name: STEVEN A. WEINBERG ESQ.
 Street Address (P.O. Box Number is Not Accepted): 7805 S.W. 6th Court
 PLANTATION
 City: FL Zip Code: 33324

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: *Steven A. Weinberg*

4/1/04

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P GRAY, JOEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	19195 MYSTIC POINTE DRIVE AVENTURA FL 33180	
TITLE NAME	S SCHEPPS, DAVID JUDGE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	19195 MYSTIC POINT DRIVE AVENTURA FL 33180	
TITLE NAME	D BROOKS, BOBBIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	19195 MYSTIC PT DR AVENTURA FL 33180	
TITLE NAME	TD NORMAN CHERNICK	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	19195 MYSTIC POINTE DRIVE AVENTURA FL 33180	
TITLE NAME	D PRIGAL, HARRIET	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	19195 MYSTIC POINTE DRIVE AVENTURA FL 33180	
TITLE NAME	D WINEKOFF, JACK	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	19195 MYSTIC POINTE DRIVE AVENTURA FL 33180	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D KISILEVICH, LILY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	19195 MYSTIC PT DR AVENTURA FL 33180	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 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 former-like empowerment.

SIGNATURE: *Joel Gray*

4/12/04

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