

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90020 041 ****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**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 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, STEVE A ESQ
7805 S.W. 6TH COURT
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature increased when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 POINT 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	D <input type="checkbox"/> Delete
NAME	JACOBSON, PAUL
STREET ADDRESS	19195 MYSTIC POINTE DRIVE
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	D <input type="checkbox"/> Delete
NAME	ROSKO, JAY
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	LORIE LOKKEDITZ
STREET ADDRESS	19195 MYSTIC POINTE 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 exemptions contained in Section 119, 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 my address, with all other like empowered.

SIGNATURE: X