2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30986

FILED Jan 07, 2009 Secretary of State

Entity Name: MYSTIC POINTE CONDOMINIUM NO. TWO ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	STIC POINT DE A, FL 33180	R US				
Current Mailing Address:			New Maili	New Mailing Address:		
	STIC POINT DE A, FL 33180	R US				
FEI Number:	: 65-0176649	FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:		
7805 S.W. PLANTATI	G, STEVE A E: 6TH COURT ON, FL 33324	US				
	named entity s e of Florida.	submits this statement for the p	purpose of changing	its registered office or registered agent, or both		
SIGNATUF	RE:					
	Electron	ic Signature of Registered Ag	ent	Date		
OFFICERS	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	P () GRAY, JOEL 19195 MYSTIC AVENTURA, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	S () SCHEPPS, DAV 19195 MYSTIC AVENTURA, FL	POINT DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () BROOKS, BOBI 19195 MYSTIC AVENTURA, FL	PT DR	Title: Name: Address: City-St-Zip:	D (X) Change () Addition FUCHS, RANDY 19195 MYSTIC PT DR AVENTURA, FL 33180		
Title: Name: Address: City-St-Zip:	D () JACOBSON, PA 19195 MYSTIC AVENTURA, FL	POINTE DRIVE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition JACOBSON, PAUL 19195 MYSTIC POINTE DRIVE AVENTURA, FL 33180		
Title: Name: Address: City-St-Zip:	D () ROSKO, JAY 19195 MYSTIC AVENTURA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	D () WINEKOFF, JA 19195 MYSTIC		Title: Name: Address:	T (X) Change () Addition WINEKOFF, JACK 19195 MYSTIC POINTE DRIVE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL GRAY P 01/07/2009