

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 11:54

DOCUMENT # N35724 (6)

1. Corporation Name

MYSTIC POINTE CONDOMINIUM NO. THREE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

19101 MYSTIC POINTE DRIVE
TOWER 200
AVENTURA FL 33180
US

19101 MYSTIC POINTE DRIVE
TOWER 200
AVENTURA FL 33180
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/19/1989** 3a. Date of Last Report **06/21/1994**

4. FEI Number **65-0160847** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

28 Zip

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24 Country

29 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REINHARD, SANFORD N.
2875 NORTHEAST 191ST STREET
SUITE 404
NORTH MIAMI BEACH FL 33180**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FREEMAN, MAURICE
STREET ADDRESS	19101 MYSTIC POINTE 2501
CITY - ST - ZIP	NORTH MIAMI BEACH FL
TITLE	VD
NAME	WEISER, STUART
STREET ADDRESS	19101 MYSTIC POINTE 401
CITY - ST - ZIP	N. MIAMI BCH FL
TITLE	SD
NAME	MARLOWE, MIRIAM
STREET ADDRESS	19101 MYSTIC POINTE 2808
CITY - ST - ZIP	N. MIAMI BCH FL
TITLE	TD
NAME	FELDMAN, ARNOLD
STREET ADDRESS	19101 MYSTIC POINTE 1101
CITY - ST - ZIP	N. MIAMI BC
TITLE	D
NAME	NEWFIELD, CAROL
STREET ADDRESS	19101 MYSTIC POINTE 702
CITY - ST - ZIP	NORTH MIAMI BEACH FL
TITLE	D
NAME	LESAYOV, TED
STREET ADDRESS	19101 MYSTIC POINTE 1207
CITY - ST - ZIP	NORTH MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Sam Greenfeder 506
6.3 STREET ADDRESS	19101 MYSTIC PT. DR.
6.4 CITY - ST - ZIP	N. MIAMI BEACH, FLA.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stuart Weiser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-95

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933-9042