FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

Principal Place of Business

DOCUMENT # N35724

SIGNATURE: _______ BIGNATURE AND TYPED OR PHIN (ED.

(6)

Mailing Address

MYSTIC POINTE CONDOMINIUM NO. THREE ASSOCIATION, INC.

19101 MYSTIC POINTE DRIVE TOWER 200 AVENTURA FL 33180				19101 MYSTIC POINTE DRIVE TOWER 200 AVENTURA FL 33180					Date Incorporated or Qualified	3a D	ate of I	act Ro	anord
US			U	US					12/19/1989				
2. Principal Plac	ce of Busine	ess	2a.	Mailing Address		****			4. FEI Number	<u> </u>		Ap	plied For
21			26						65-0160847			No	t Applicable
Suite, Apt. #,	etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired				Additional quired
City & State				City & State					6. Election Campaign Financing				May Be
23	Т	Country	28	7:-			_		Trust Fund Contribution				o Fees
7/p 24		Zip	Country 30				B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
		29 Regist	tered Agent					10. Name and Address of New Registered Agent					
						81	П	Name					
REINHARD, SANFORD N.						82	-	Ctroot Ado	trans (P.O. Boy Number is Not Acceptable	١			
2875 NOF					PREST WOR	t Address (P.O. Box Number is Not Acceptable)							
SUITE 404						83							
NORTH M			84	-	City			85	Zip C	2ode			
							L	<u> </u>		FL			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.													
SIGNATURE Signature typed or profiled name of registered agent and title if applicable. / (NOTE: Registered Agent signature required when reinstating): DATE ONTE													
12.	. OFFICERS AND DIRECTORS 1:						-		On A TIONS/CHANGES TO OFFICE	ERS ANI	DIRE	CTORS	S IN 12
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NAME	FREEMAN, MAURICE			1.2			1.2 NAME		19/01 WYSTE PT. 1	n.	# 19	01	
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NAME		LD, GAROL		•		2 NAME		ĺ	19101 my's Tic AT AVENTURA FL.	·yr	-	2	206
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TITLE	D	**************************************		DELETE		1 TITLE					Char	ıge	Addition
NAME		EDER, SAM	-00		R	2 NAME							
STREET ADDRESS 19101 MYSTIC PORT DRIVE #506							T ADDRESS						
CITY-ST-ZIP	NUKIH	MIAMI BEACH FL	th this	filing is unjuntarily forming	6 shed a	4 CITY - S	iT-	ZIP	for the evernation stated in Section 110.0	7/31/W EV	vide C	at dan	Lifurther
certify that I oath, that I appears in	the informat am an offici Block 12 or	tion indicated on this annual er or director of the corpora Block 13 if changed, or on	repor tion or an att	timing is voluntarily furnist tor supplemental annual the receiver or trusted achievent with an address	pal repo empo ess	ort is tri	2	and accur execute the	for the exemption stated in Section 119.0 rate and that my signature shall have the s ais report as required by Chapter 617, Flor	ida Statu	effect les; and	as if m	ade under my name