


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90021 025 \*\*\*\*61.25

**DOCUMENT # N35724**

1. Entity Name  
 MYSTIC POINTE CONDOMINIUM NO. THREE ASSOCIATION, INC.



Principal Place of Business 19101 MYSTIC POINTE DRIVE TOWER 200 AVENTURA, FL 33180 US	Mailing Address 19101 MYSTIC POINTE DRIVE TOWER 200 AVENTURA, FL 33180 US
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**94019726**



**DO NOT WRITE IN THIS SPACE**

02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0160847	Applied For Not Applicable
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5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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 required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMEL, HAROLD 19101 MYSTIC PT DR, #1901 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWINGER, LEONARD 19101 MYSTIC PT DR, #2407 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARLOWE, MIRIAM 19101 MYSTIC POINTE 2806 N. MIAMI BCH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FELDMAN, ARNOLD 19101 MYSTIC POINTE 1101 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOX, JOYCE 19101 MYSTIC POINTE DRIVE #2501 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, BARRY 19101 MYSTIC PORT DRIVE#3108 AVENTURA, FL 33180

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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: Joyce Fox President Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR