

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90032 002 \*\*\*\*61.25

<b>DOCUMENT # N35724</b>					
1. Entity Name <b>MYSTIC POINTE CONDOMINIUM NO. THREE ASSOCIATION, INC.</b>					
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			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0160847</b> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REINHARD, SANFORD N. 2875 NORTHEAST 191ST STREET SUITE 404 NORTH MIAMI BEACH FL 33180</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to: Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMEL, HAROLD 19101 MYSTIC PT DR, #1901 AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWINGER, LEONARD 19101 MYSTIC PT DR, #2407 AVENTURA FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAURICE FREEMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19101 MYSTIC POINTE DR. UNIT 2501 AVENTURA, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARLOWE, MIRIAM 19101 MYSTIC POINTE 2806 N. MIAMI BCH FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELLEN FORD <input type="checkbox"/> Change <input type="checkbox"/> Addition 19101 MYSTIC POINTE DR UNIT 1205 AVENTURA, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FELDMAN, ARNOLD 19101 MYSTIC POINTE 1101 AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOX, JOYCE 19101 MYSTIC POINTE DRIVE #2501 AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, BARRY 19101 MYSTIC PORT DRIVE#3108 AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		



1st MOORE CR2E037 (10/04)

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:** Felton Davis **1-25-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #