

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90061 042 \*\*\*\*61.25

<b>DOCUMENT # N35724</b>			
1. Entity Name <b>MYSTIC POINTE CONDOMINIUM NO. THREE ASSOCIATION, INC.</b>			
Principal Place of Business <b>19101 MYSTIC POINTE DRIVE TOWER 200 AVENTURA FL 33180 US</b>		Mailing Address <b>19101 MYSTIC POINTE DRIVE TOWER 200 AVENTURA FL 33180 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____			
<b>FILE NOW - FEE IS \$61.25 Due By May 1, 2006</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	<b>D</b> <b>SEMEL, HAROLD</b> <b>19101 MYSTIC PT DR, #1901</b> <b>AVENTURA FL 33180</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ELLEN FORD</b> <b>19101 MYSTIC PT DR, # 1205</b> <b>AVENTURA, FL 33180</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FREEMAN, MAURICE</b> <b>19101 MYSTIC POINTE DRIVE #2501</b> <b>AVENTURA FL 33180</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>MARLOWE, MIRIAM</b> <b>19101 MYSTIC POINTE 2806</b> <b>N. MIAMI BCH FL 33180</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>FELDMAN, ARNOLD</b> <b>19101 MYSTIC POINTE 1101</b> <b>AVENTURA FL 33180</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>FOX, JOYCE</b> <b>19101 MYSTIC POINTE DRIVE #2501</b> <b>AVENTURA FL 33180</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>DAVIS, BARRY</b> <b>19101 MYSTIC PORT DRIVE #3108</b> <b>AVENTURA FL 33180</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	



1st MOORE CR2E037 (10/05)

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Fatwa - Property Manager 305-933-9092