

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90030 008 ****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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

1st MOORE CR2E037 (10/06)

4. FEI Number 65-0160847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** 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 *[Signature]* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SEMEL, HAROLD
STREET ADDRESS	19101 MYSTIC PT DR, #1901
CITY ST ZIP	AVENTURA FL 33180
TITLE	<input checked="" type="checkbox"/> President <input type="checkbox"/> Delete
NAME	FREEMAN, MAURICE
STREET ADDRESS	19101 MYSTIC POINTE DRIVE #2501
CITY ST ZIP	AVENTURA FL 33180
TITLE	S <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Delete
NAME	MARLOWE, MIRIAM
STREET ADDRESS	19101 MYSTIC POINTE 2806
CITY ST ZIP	N. MIAMI BCH FL 33180
TITLE	T <input type="checkbox"/> Delete
NAME	FELDMAN, ARNOLD
STREET ADDRESS	19101 MYSTIC POINTE 1101
CITY ST ZIP	AVENTURA FL 33180
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	FOX, JOYCE
STREET ADDRESS	19101 MYSTIC POINTE DRIVE #2501
CITY ST ZIP	AVENTURA FL 33180
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	DAVIS, BARRY
STREET ADDRESS	19101 MYSTIC PORT DRIVE #3108
CITY ST ZIP	AVENTURA FL 33180

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT MAURICE FREEMAN
STREET ADDRESS	19101 MYSTIC POINTE DR. #2501
CITY ST ZIP	AVENTURA, FL. 33180
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLEN FOND
STREET ADDRESS	19101 MYSTIC POINTE DR. #1205
CITY ST ZIP	AVENTURA, FL 33180
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stanley LEFFLER
STREET ADDRESS	19101 MYSTIC POINTE DR. #911
CITY ST ZIP	AVENTURA, FL. 33180
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

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: *[Signature]* DATE: **1/29/07** (305) 936-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR