

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90016 032 ****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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1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0160847	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEMEL, HAROLD <input checked="" type="checkbox"/> Delete 19101 MYSTIC PT DR, #1901 AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEMAN, MAURICE <input type="checkbox"/> Delete 19101 MYSTIC POINTE DRIVE #2501 AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORD, ELLEN <input type="checkbox"/> Delete 19101 MYSTIC POINTE DR 3B Unit 1205 AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FELDMAN, ARNOLD <input type="checkbox"/> Delete 19101 MYSTIC POINTE 1101 AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, JOYCE <input type="checkbox"/> Delete 19101 MYSTIC POINTE DRIVE #2501 #612 AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, BARRY <input type="checkbox"/> Delete 19101 MYSTIC PORT DRIVE #3108 AVENTURA FL 33180

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stanley Leffler <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19101 Mystic Pointe Dr. #811 Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RONALD FRIEDMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19101 MYSTIC POINTE DR. #1605 AVENTURA, FL. 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Maurice Freeman DATE: 2-12-08