2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35724

FILED Jan 29, 2009 Secretary of State

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

	rincipai Piace	of Business:	New Prince	cipal Place of Business:
TOWER 2				
4VENTUR	A, FL 33180	US		
Current M	ailing Address	s:	New Mail	ing Address:
	STIC POINTE D	PRIVE		
TOWER 2 AVENTUR	A, FL 33180	US		
El Number:	65-0160847	FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:
1290 WES SUITE 201	D, SANFORD N TON ROAD FL 33326 US			
	named entity s of Florida.	ubmits this statement for th	ne purpose of changing	its registered office or registered agent, or both,
SIGNATUR	RE:			
	Electroni	c Signature of Registered	Agent	Date
OFFICERS	S AND DIRECT	ORS:	ADDITIO	NS/CHANGES TO OFFICERS AND DIRECTOR
「itle: ∖ame:	LEFFLER, STAN		Title: Name:	() Change () Addition
	19101 MYSTIC I AVENTURA, FL	POINTE DR #811 33180	Address: City-St-Zip:	
City-St-Zip: Title: Name: Address:	AVENTURA, FL P () FREEMAN, MAU	33180 Delete IRICE POINTE DRIVE #2501		()Change ()Addition
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	P () FREEMAN, MAU 19101 MYSTIC I AVENTURA, FL VP () FORD, ELLEN 19101 MYSTIC I	33180 Delete PRICE POINTE DRIVE #2501 33180 Delete POINTE DR UNIT 1205	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	VP (X) Change () Addition FORD, ELLEN 19101 MYSTIC POINTE DRIVE #1205
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip:	P () FREEMAN, MAU 19101 MYSTIC I AVENTURA, FL VP () FORD, ELLEN 19101 MYSTIC I ADVENTURA, FL	33180 Delete RICE POINTE DRIVE #2501 33180 Delete POINTE DR UNIT 1205 _ 33180 Delete OLD POINTE 1101	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	VP (X) Change()Addition FORD, ELLEN
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address: Address:	AVENTURA, FL P () FREEMAN, MAU 19101 MYSTIC I AVENTURA, FL VP () FORD, ELLEN 19101 MYSTIC I ADVENTURA, FL T () FELDMAN, ARN 19101 MYSTIC I AVENTURA, FL D () FOX, JOYCE	33180 Delete IRICE POINTE DRIVE #2501 33180 Delete POINTE DR UNIT 1205 _ 33180 Delete OLD POINTE 1101 33180 Delete POINTE DRIVE #612	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	VP (X) Change () Addition FORD, ELLEN 19101 MYSTIC POINTE DRIVE #1205 AVENTURA, FL 33180 T (X) Change () Addition FELDMAN, ARNOLD 19101 MYSTIC POINTE DRIVE #1101

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE FREEMAN P 01/29/2009