

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35724

FILED
Jan 28, 2010
Secretary of State

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

Current Principal Place of Business:

19101 MYSTIC POINTE DRIVE
TOWER 200
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

19101 MYSTIC POINTE DRIVE
TOWER 200
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 65-0160847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINHARD, SANFORD N.
1290 WESTON ROAD
SUITE 201
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: LEFFLER, STANLEY
Address: 19101 MYSTIC POINTE DR #811
City-St-Zip: AVENTURA, FL 33180

Title: P
Name: FREEMAN, MAURICE
Address: 19101 MYSTIC POINTE DRIVE #2501
City-St-Zip: AVENTURA, FL 33180

Title: VP
Name: FORD, ELLEN
Address: 19101 MYSTIC POINTE DRIVE #1205
City-St-Zip: AVENTURA, FL 33180

Title: T
Name: FELDMAN, ARNOLD
Address: 19101 MYSTIC POINTE DRIVE #1101
City-St-Zip: AVENTURA, FL 33180

Title: D
Name: FOX, JOYCE
Address: 19101 MYSTIC POINTE DRIVE #612
City-St-Zip: AVENTURA, FL 33180 US

Title: D
Name: DAVIS, BARRY
Address: 19101 MYSTIC PORT DRIVE#3108
City-St-Zip: AVENTURA, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: MAURICE FREEMAN

P

01/28/2010

Electronic Signature of Signing Officer or Director

Date