

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N39074 (2)**

1. Corporation Name

**MYSTIC POINTE MARINA CONDOMINIUM ASSOCIATION, IN C.**



Principal Place of Business

Mailing Address

C/O THE CONTINENTAL GROUP  
20801 N.E. 16TH AVENUE, B-14  
N. MIAMI BEACH FL 33179

C/O THE CONTINENTAL GROUP  
20801 N.E. 16TH AVENUE, B-14  
N. MIAMI BEACH FL 33179

3. Date Incorporated or Qualified  
**07/13/1990**

3a. Date of Last Report  
**02/06/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0205274</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REINHARD, SANFORD**  
2879 N.E. 191ST STREET, SUITE 404  
NORTH MIAMI BEACH FL 33180

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PD</del>	1.1 TITLE	<b>DIRECTOR</b>
NAME	<b>FISHMAN, HERBERT</b>	1.2 NAME	<b>FISHMAN, HERBERT</b>
STREET ADDRESS	<b>3530 MYSTIC POINTE DR, #176</b>	1.3 STREET ADDRESS	<b>3530 MYSTIC POINTE DR #1715</b>
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	1.4 CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<del>VPD</del>	2.1 TITLE	
NAME	<b>KIRTMAN, MILTON</b>	2.2 NAME	
STREET ADDRESS	<b>19500 TURNBERRY WAY #15B</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	2.4 CITY-ST-ZIP	
TITLE	<del>VPD</del>	3.1 TITLE	<b>PRESIDENT</b>
NAME	<b>LONDON, RON</b>	3.2 NAME	<b>LONDON, RON</b>
STREET ADDRESS	<b>3530 MYSTIC POINTE DR #2804</b>	3.3 STREET ADDRESS	<b>3530 MYSTIC POINTE DR, #2804</b>
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	3.4 CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<del>SD</del>	4.1 TITLE	
NAME	<b>FORD, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>3530 MYSTIC POINTE DR. #1205</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	4.4 CITY-ST-ZIP	
TITLE	<del>TD</del>	5.1 TITLE	
NAME	<b>WISHNER, RUDOLPH</b>	5.2 NAME	
STREET ADDRESS	<b>19101 MYSTIC POINTE DR. #911</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**RECEIVED**

JAN 17 1996

CK#	PAID
G#	AMT
PREPARED BY	APPROVAL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* **SECRET** 1/29/96 305 933

CR2E037 (12/95)