

1-30-97 B-1087 NC
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 Jan 30 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33179-2122

3. Date Incorporated or Qualified 07/13/1990
 3a. Date of Last Report 02/07/1996

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 65-0205274
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 REINHARD, SANFORD
 2879 N.E. 191ST STREET, SUITE 404
 NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: 1/30/97

CR2E037 (9/96)