

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90013 020 ****61.25

DOCUMENT # N39.074

1. Entity Name
Mystic Pointe Marina Condominium Association Inc.

Principal Place of Business Mailing Address
The Continental Group, Ltd.
2950 N.28th Terrace
Hollywood FL., 33020

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0205274 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Sandford Reinhard
2875 NE 191 Street #404
North Miami Beach, FL 33180

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Ron London	
STREET ADDRESS	3530 Mystic Pointe Dr./slip 75	
CITY-ST-ZIP	Aventura FL., 33180/2804	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	Herbert Fishman	
STREET ADDRESS	3530 Mystic Pointe Dr.#1205	
CITY-ST-ZIP	Aventura FL., 33180/slip47-48	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	Robert Ford	
STREET ADDRESS	19101-Mystic-Pointe-Dr.#1205	
CITY-ST-ZIP	Aventura FL., 33180/slip 90	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	Mickey Kirtman	
STREET ADDRESS	19707 Turnbery Way#21k	
CITY-ST-ZIP	Aventura FL.33180/slip 89	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	Larry Rodgers	
STREET ADDRESS	3575 Mystic Pointe Dr.	
CITY-ST-ZIP	Aventura FL.33180/slip 52	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)