


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N39074**  
1. Entity Name  
**MYSTIC POINTE MARINA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**3575 MYSTIC POINTE DRIVE  
AVENTURA FL 33180**      **3575 MYSTIC POINTE DRIVE  
AVENTURA FL 33180**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/04)

6. Name and Address of Current Registered Agent

**REINHARD, SANFORD  
2875 N.E. 191ST STREET, SUITE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WISHNER, RUDOLPH</b>	
STREET ADDRESS	<b>19101 MYSTIC POINTE DRIVE, #911</b>	
CITY- ST- ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LONDON, RON</b>	
STREET ADDRESS	<b>3539 MYSTIC POINTE DR-2804</b>	
CITY- ST- ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>FORD, ROBERT</b>	
STREET ADDRESS	<b>19101 MYSTIC POINTE DR-#1205</b>	
CITY- ST- ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RODGERS, LARRY</b>	
STREET ADDRESS	<b>3575 MYSTIC POINTE DRIVE, SLIP #52</b>	
CITY- ST- ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>KIRTMAN, MICKEY</b>	
STREET ADDRESS	<b>19707 TURNBERRY WAY-#21K</b>	
CITY- ST- ZIP	<b>AVENTURA FL 33180</b>	
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	<b>U00000235178</b>	
STREET ADDRESS	<b>02/18/05-80049-014 61.25</b>	
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)(f), 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 #