

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90036 014 ****61.25

DOCUMENT # N39074

1. Entity Name
MYSTIC POINTE MARINA CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**3575 MYSTIC POINTE DRIVE
 AVENTURA, FL 33180**

60016013



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01242006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0205274

Applied For
 Not Applicable

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

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	D	<input type="checkbox"/> Delete
NAME	WISHNER, RUDOLPH	
STREET ADDRESS	19101 MYSTIC POINTE DRIVE, #911	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	P	<input type="checkbox"/> Delete
NAME	LONDON, RON	
STREET ADDRESS	3539 MYSTIC POINTE DR-2804	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FORD, ROBERT	
STREET ADDRESS	19101 MYSTIC POINTE DR #1205	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, LARRY	
STREET ADDRESS	3575 MYSTIC POINTE DRIVE, SLIP #52	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KIRTMAN, MICKEY	
STREET ADDRESS	19707 TURNBERRY WAY #21K	
CITY-ST-ZIP	AVENTURA, FL 33180	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHMAN, HERB	
STREET ADDRESS	3575 MYSTIC POINTE DR, SLIP #103	
CITY-ST-ZIP	AVENTURA, FL 33180	
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 exemptions contained in Chapter 119, 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR