

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N44300** (4)

1. Corporation Name

**MYSTIC POINTE TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O THE CONTINENTAL GROUP  
20815 N.E. 16TH AVENUE - B-14  
NORTH MIAMI BEACH FL 33180

C/O THE CONTINENTAL GROUP  
20815 N.E. 16TH AVENUE - B-14  
NORTH MIAMI BEACH FL 33180

3. Date incorporated or Qualified **07/15/1991** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For				
		26			<b>65-0327132</b>	Not Applicable				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees				
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

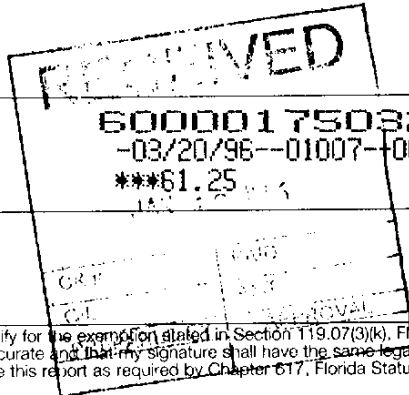
**CORPORATION INFORMATION SERVICES, INC.**  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 **SKRLD, INC.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**201 Alhambra Circle Suite 1102**  
83  
84 City **Coral Gables** 85 Zip Code **FL 33134**

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 **SKRLD, INC.** By: *Luia Lem* (NOTE: Registered Agent signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PD</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<del>PD</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ROBERTSON, JASON</del>	1.2 NAME	<b>HOCHBERG, SCOTT</b>
STREET ADDRESS	<del>20000 E. COUNTRY CLUB DRIVE</del>	1.3 STREET ADDRESS	<b>3475 MYSTIC POINTE DR #5</b>
CITY-ST-ZIP	<del>N. MIAMI BEACH FL 33180</del>	1.4 CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<del>VD</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<del>VD</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BLACK, JOHN</del>	2.2 NAME	<b>DOUYON, RICHARD</b>
STREET ADDRESS	<del>20000 E. COUNTRY CLUB DRIVE</del>	2.3 STREET ADDRESS	<b>3475 MYSTIC POINTE DR #4</b>
CITY-ST-ZIP	<del>N. MIAMI BEACH FL 33180</del>	2.4 CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<del>STD</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<del>SP</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>KING, LAURIE</del>	3.2 NAME	<b>TAYLOR, ANN</b>
STREET ADDRESS	<del>20000 E. COUNTRY CLUB DRIVE</del>	3.3 STREET ADDRESS	<b>3475 MYSTIC POINTE DR #9</b>
CITY-ST-ZIP	<del>N. MIAMI BEACH FL 33180</del>	3.4 CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		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 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: *Scott Hochberg* Date: **2/28/96** Daytime Phone: **305 823-9770**

CR2E037 (12/95)