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Secretary of State

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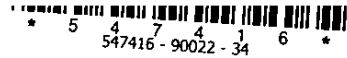
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # *N/4430C OK*

1. Corporation Name
Mystic Pointe Townhouses Condominium Association, Inc.



Principal Place of Business Mailing Address
c/o The Continental Group c/o The Continental Group
2950 N. 28 Terrace 2950 N. 28 Terrace
Hollywood, FL 33020 Hollywood, FL 33020

21	2. Principal Place of Business	2a	2a. Mailing Address	3.	Date Incorporated or Qualified
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		07/15/1991
22	City & State	27	City & State	4.	FEI Number
					65-0327132
23	Zip	28	Zip	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country		Country	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SKRLD, Inc.		81	Name
201 Alhambra Circle, Suite 1102		82	Street Address (P.O. Box Number is Not Acceptable)
Coral Gables, FL 33134		83	
		84	City
		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: **SKRLD, Inc. by Lisa A. Lerner** *Lisa A. Lerner*, Secretary **5/14/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hochberg, Scott	1.2	NAME
STREET ADDRESS	3475 Mystic Pointe Dr. #5	1.3	STREET ADDRESS
CITY-ST-ZIP	Aventura, FL 33180	1.4	CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	2.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taylor, Ann	2.2	NAME
STREET ADDRESS	3475 Mystic Pointe Dr., #9	2.3	STREET ADDRESS
CITY-ST-ZIP	Aventura, FL 33180	2.4	CITY-ST-ZIP
TITLE	STD <input type="checkbox"/> DELETE	3.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellman, Howard	3.2	NAME
STREET ADDRESS	3475 Mystic Pointe Dr., #8	3.3	STREET ADDRESS
CITY-ST-ZIP	Aventura, FL 33180	3.4	CITY-ST-ZIP
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 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, with all other like empowered.

SIGNATURE: *[Signature]* **4/17/99** **305 823 9770**

CR2E037 (1/98)