

2000 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Aug 31, 2000 8:00 am
Secretary of State

06-08-2000 90002 035 ****61.25

DOCUMENT # N44300
 1. Entity Name
MYSTIC POINTE TOWNHOUSES CONDOMINIUM ASSOCIATION

Principal Place of Business Mailing Address
 C/O THE CONTINENTAL GROUP C/O THE CONTINENTAL GROUP
 2950 N. 28 TERR. 2950 N. 28 TERR.
 HOLLYWOOD, FL 33020 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
65-0327132 Not Applicable

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

6. Name and Address of Current Registered Agent
SKRLD, INC
201 ALHAMBRA CIR
STE 1102
CORAL GABLES FL 33134

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 SKRLD, Inc. by Lisa A. Lerner *Lisa A. Lerner* Secretary 7/21/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD / PRESIDENT Delete
 NAME HOCHBERG, SCOTT
 STREET ADDRESS 3475 MYSTIC POINTE DR #5
 CITY-ST-ZIP AVENTURA FL 33180

Change Addition

TITLE ST Secretary/Treasurer Delete
 NAME ELLMAN, HOWARD
 STREET ADDRESS 63-57 FITCHETT ST, REGO PARK, #8
 CITY-ST-ZIP NEW YORK NY 11374

Change Addition

TITLE Sol Sonabend Vice President
 NAME
 STREET ADDRESS 3475 NE Mystic Pointe Dr., #4
 CITY-ST-ZIP Aventura FL, 33180

Change Addition

Delete

Change Addition

Delete

Change Addition

Delete

Change Addition

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: Scott Hochberg (President) *Scott Hochberg* 8/10/00 305 823 9770
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (5/00)