


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N44300**

1. Entity Name  
**MYSTIC POINTE TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business C/O THE CONTINENTAL GROUP 2950 N. 28 TERR HOLLYWOOD, FL 33020	Mailing Address C/O THE CONTINENTAL GROUP 2950 N. 28 TERR HOLLYWOOD, FL 33020
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03/12/04 10:51



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0327132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SKRLD, INC  
 201 ALHAMBRA CIR  
 STE 1102  
 CORAL GABLES, FL 33134

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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.

X 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, 2004**

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

~~VOID~~

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOCHBERG, SCOTT 3475 MYSTIC POINTE DR #5 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ELLMAN, HOWARD 63-57 FITCHETT ST, REGO PARK, #8 NEW YORK, NY 11374
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LYMAN, HERBERT 3475 MYSTIC POINTE DR #9 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 03/12/04-80040-024 61.25

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**IAN 27 2004**  
 REVENUE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

X SIGNATURE: Mike Scott Hochberg President 1/16/04 954 9258200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

IAN 27 2004