


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90031 014 ****61.25

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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03022005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0327132

Applied For
 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. 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, 2005**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD HOCHBERG, SCOTT 3475 MYSTIC POINTE DR #5 AVENTURA, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ELLMAN, HOWARD 63-57 FITCHETT ST, REGO PARK, #8 NEW YORK, NY 11374	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LYMAN, HERBERT 3475 MYSTIC POINTE DR #9 MIAMI, FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

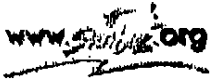
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: X [Signature] [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____



ATTACHMENT Division of Corporations

Annual Report

Document Number

N44300

Business Entity Name

MYSTIC POINTE TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

FEI Number

650327132

FEI Number Status

Applied For Not Applicable Current

Certificate of Status Desired

Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes No

Principal Place of Business

Address

C/O THE CONTINENTAL GROUP

Suite, Apt. #, etc.

2950 N. 28 TERR

City, State

HOLLYWOOD, FL

Zip Code & Country

33020

Mailing Address

Address

C/O THE CONTINENTAL GROUP

Suite, Apt. #, etc.

2950 N. 28 TERR

City, State

HOLLYWOOD, FL

Zip Code & Country

33020

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SKRLD, INC

-or- RA Business Name

Address

201 ALHAMBRA CIR

Suite, Apt. #, etc.

STE 1102

City, State

CORAL GABLES, FL

Zip Code & Country

33134 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

40038037

ATTACHMENT
Officer/Director Name And Address # N44300

Title PD
Name (Last, First, Middle, Title) HOCHBERG SCOTT
-or- Entity Name
Street Address 3475 MYSTIC POINTE DR #5
City, State AVENTURA FL
Zip Code & Country 33180

Title ST
Name (Last, First, Middle, Title) ELLMAN HOWARD
-or- Entity Name
Street Address 63-57 FITCHETT ST, REGO PARK, #8
City, State NEW YORK NY
Zip Code & Country 11374

Title SD
Name (Last, First, Middle, Title) LYMAN HERBERT
-or- Entity Name
Street Address 3475 MYSTIC POINTE DR #9
City, State MIAMI FL
Zip Code & Country 33180

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name

Street Address

City, State

Zip Code & Country

[Redacted address fields]

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

[Handwritten signature]

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s. 831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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