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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State
02-21-2006 90029 031 ****61.25

DOCUMENT # N44300

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

Principal Place of Business	Mailing Address
C/O THE CONTINENTAL GROUP 2950 N. 28 TERR HOLLYWOOD, FL 33020	C/O THE CONTINENTAL GROUP 2950 N. 28 TERR HOLLYWOOD, FL 33020

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01312008 No Chg-I. ? CR2E037 (11/05)

4. FEI Number
65-0327132
☐ Applied For
☐ Not Applicable

5. Certificate of Status C· sired ☐ **$8.75** 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 S. te 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's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Pres. 2/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #