


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90049 041 ****61.25

DOCUMENT # N44300			
1. Entity Name MYSTIC POINTE TOWNHOUSES CONDOMINIUM ASSOCIATION, INC		Mr. Leonard Hirsch J & L Consulting, Inc.	
Principal Place of Business: 290 THE CONTINENTAL C 2950 N. 28 TH TERR HOLLYWOOD, FL 33020		3530 Mystic Pointe Drive Suite 1002 Aventura, FL 33180	
2. Principal Place of Business - No P.O. Box # 3530 MYSTIC POINTE DR		3. Mailing Address	
Suite, Apt. #, etc. SUITE 1002		Suite, Apt. #, etc.	
City & State AVENTURA FL		City & State	
Zip 33180	Country USA	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SKRLD, INC 201 ALHAMBRA CIR STE 1102 CORAL GABLES, FL 33134		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOCHBERG, SCOTT 3475 MYSTIC POINTE DR #5 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ELLMAN, HOWARD 63-57-FITCHETT ST REGO PARK, NEW YORK 11374 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	V.P. EZRA ALEXANDER 3745 MYSTIC POINTE DR #1 AVENTURA FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYMAN, HERBERT 3475 MYSTIC POINTE DR #9 MIAMI, FL 33180 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: _____		Date: 1/26/07 Daytime Phone #: 305-935 4200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			