


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N44300</b> 1. Entity Name <b>MYSTIC POINTE TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.</b> Mr. Leonard Hirsch J & L Consulting, Inc. Principal Place of Business: 3530 Mystic Pointe Drive Suite 1002 Aventura, FL 33180 2950 N. 28 TERR HOLLYWOOD, FL 33020					
2. Principal Place of Business - No P.O. Box # <b>3530 MYSTIC POINTE DR</b> Suite, Apt. #, etc. <b>SUITE 1002</b> City & State <b>AVENTURA FL</b> Zip <b>33180</b> Country <b>USA</b>				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>65-0327132</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01232007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent <b>SKRLD, INC</b> <b>201 ALHAMBRA CIR</b> <b>STE 1102</b> <b>CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>PD</b> NAME <b>HOCHBERG, SCOTT</b> STREET ADDRESS <b>3475 MYSTIC POINTE DR #5</b> CITY-ST-ZIP <b>AVENTURA, FL 33180</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>PRES</b> NAME <b>ELLMAN, HOWARD</b> STREET ADDRESS <b>63-57 FITCHETT ST</b> CITY-ST-ZIP <b>REGO PARK, NEW YORK 11374</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>ST</b> NAME <b>ELLMAN, HOWARD</b> STREET ADDRESS <b>63-57 FITCHETT ST, REGO PARK, #8</b> CITY-ST-ZIP <b>NEW YORK, NY 11374</b>	<input type="checkbox"/> Delete		TITLE <b>V.P.</b> NAME <b>EZRA ALEXANDER</b> STREET ADDRESS <b>3745 MYSTIC POINTE DR #1</b> CITY-ST-ZIP <b>AVENTURA FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SD</b> NAME <b>LYMAN, HERBERT</b> STREET ADDRESS <b>3475 MYSTIC POINTE DR #9</b> CITY-ST-ZIP <b>MIAMI, FL 33180</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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.					
<b>SIGNATURE:</b> _____ <b>1/26/07</b> <b>305-935 4200</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					