

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44300

FILED
May 01, 2008
Secretary of State

Entity Name: MYSTIC POINTE TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3530 MYSTIC POINTE DRIVE
STE 1002
MIAMI, FL 33180

New Principal Place of Business:

New Mailing Address:

3530 MYSTIC POINTE DRIVE
STE 1002
MIAMI, FL 33180

Current Mailing Address:

C/O THE CONTINENTAL GROUP
2950 N. 28 TERR
HOLLYWOOD, FL 33020

FEI Number: 65-0327132 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELLMAN, HOWARD
Address: 63-57 FITCHETT STREET
City-St-Zip: REGO PARK, NY 11374

Title: VP () Delete
Name: EZRA, ALEXANDER
Address: 3745 MYSTIC POINTE DR # 1
City-St-Zip: MIAMI, FL 33180

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WATERS, TATE
Address: 3475 MYSTIC POINTE DR # 4
City-St-Zip: MIAMI, FL 33180

Title: SEC () Change (X) Addition
Name: SIGALIT, SUSTIEL
Address: 3475 MYUSTIC POINTE DR #7
City-St-Zip: MIAMI, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD ELLMAN

Electronic Signature of Signing Officer or Director

PRES

05/01/2008

_____ Date