

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90151 017 ****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**

60013973



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|------------------------------|---|---|----------------------------|
| TITLE NAME | STREET ADDRESS CITY-ST-ZIP | TITLE NAME | STREET ADDRESS CITY-ST-ZIP |
| PD HOCHBERG, SCOTT | 3475 MYSTIC POINTE DR #5 AVENTURA FL 33180 | | |
| ST ELLMAN, HOWARD | 63-57 FITCHETT ST, REGO PARK, #8 NEW YORK NY 11374 | | |
| SD LYMAN, HERBERT | 3475 MYSTIC POINTE DR #9 MIAMI FL 33180 | | |
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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: **SIGNATURE REQUIRED**

2/21/03 3059325388

CR2E037 (10/02)