2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24190

Entity Name: MYSTIC POINTE CONDOMINIUM NO. ONE ASSOCIATION, INC.

FILED
Jan 10, 2014
Secretary of State
CC4391436293

Current Principal Place of Business:

3600 MYSTIC POINTE DR. AVENTURA, FL 33180

Current Mailing Address:

3600 MYSTIC POINTE DR. AVENTURA, FL 33180

FEI Number: 65-0023832 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHENDELL & ASSOCIATES, P.A. 5340 N FEDERAL HWY SUITE 201 LIGHTHOUSE POINT, FL 33064 US

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

Officer/Director Detail:

Title D Title VP

Name SMITH, PAULA Name DENNIS, LANDSBERG

Address 3600 MYSTIC POINTE DR. #1914 Address 3600 MYSTIC POINTE DR. #1915

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title T Title P

Name CHARLES, SHIRLEY Name GRUNDSTEIN, STEVE

Address 3600 MYSTIC POINTE DR. #1610 Address 3600 MYSTIC POINTE DR 103

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

TitleDIRECTORTitleDIRECTORNameBLASS, ALANNameEVANS, GARY

Address 3600 MYSTIC POINTE DR. Address 3600 MYSTIC POINTE DR.

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title SECRETARY
Name RIVIKIND, CHERYL

401

Address 3600 MYSTIC POINTE DR.

303

City-State-Zip: AVENTURA FL 33180

I hereby 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 all other like empowered.

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SIGNATURE: PAULA SMITH DIRECTOR 01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date