## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24190

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

**FILED** Jan 22, 2016 **Secretary of State** CC5659704816

## **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:

PHONDA HOLLANDER, P.A. 314 SOUTH FEDERAL HIGHWAY DANIA BEACH, FL 33004 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

AVENTURA FL 33180

317

Officer/Director Detail :

Title Title **SECRETARY** DENNIS, LANDSBERG Name Name BROWN, ALAN T

Address 3600 MYSTIC POINTE DRIVE Address 3600 MYSTIC POINTE DRIVE

AVENTURA FL 33180 City-State-Zip:

Title **PRESIDENT** Title **TREASURER** 

Name SZYDLOWSKI, RAFAEL Name LARRAMENDI, MARITZA

3600 MYSTIC POINTE DRIVE 3600 MYSTIC POINTE DRIVE Address Address

1509 1108

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

Title **DIRECTOR** Title **DIRECTOR** Name PERLSTEIN, MYRON Name LOPEZ, SAM

Address 3600 MYSTIC POINTE DRIVE Address 3600 MYSTIC POINTE DRIVE

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

Title **DIRECTOR** 

ROTHSTEIN, KENNETH Name

3600 MYSTIC POINTE DRIVE Address

105

118

AVENTURA FL 33180 City-State-Zip:

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.

01/22/2016 SIGNATURE: RAFAEL SZYDLOWSKI **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date