#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24191

Entity Name: MYSTIC POINTE MASTER ASSOCIATION, INC.

FILED Feb 25, 2014 Secretary of State CC1602488495

### **Current Principal Place of Business:**

3595 MYSTIC POINTE DRIVE AVENTURA. FL 33180

# **Current Mailing Address:**

3595 MYSTIC POINTE DRIVE AVENTURA, FL 33180

FEI Number: 65-0023891 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

SKRLD, INC. 201 ALHAMBRA CIRCLE 11TH FLOOR CORAL GABLES, FL 33134 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: MICHAEL HYMAN, ESQ.

02/25/2014

Electronic Signature of Registered Agent

Date

# Officer/Director Detail:

Title	Т	Title	PRESIDENT
Name	EZRIN, MARTY	Name	DAVIS, BARRY

Address 3500 MYSTIC POINTE DR., 1704 Address 19101 MYSTIC POINTE DR PH8

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

Title D Title VP

Name FORD, ROBERT Name NOVICK, ROBERT

Address 19101 MYSTIC POINTE DR., #1205 Address 3600 MYSTIC POINTE DR
City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title S Title D

Name SCHACHNER, SEYMOUR Name FAZZAH, EDWARD

Address 3530 MYSTIC POINTE DR #1815 Address 3595 MYSTIC POINTE DRIVE

City-State-Zip: AVENTURA FL 33180 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.

SIGNATURE: BARRY DAVIS PRESIDENT 02/25/2014