

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N24191

**Entity Name:** MYSTIC POINTE MASTER ASSOCIATION, INC.

**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.

06/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCHACHNER, SEYMOUR  
Address        3595 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title            SECRETARY  
Name            GRUNDSTEIN, STEVE  
Address        3595 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            LOSZYNSKI, MITCHELL  
Address        3595 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title            VP  
Name            LOSADA, OSCAR  
Address        3595 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title            TREASURER  
Name            YUNGER, ISRAEL  
Address        3475 MYSTIC POINTE DRIVE #1  
City-State-Zip: AVENTURA FL 33180-2553

Title            DIRECTOR  
Name            REID , DOUGLAS  
Address        3500 MYSTIC POINTE DRIVE  
                  LPH8  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            BEYHUM, HAYAT  
Address        19101 MYSTIC POINTE DRIVE  
                  2108  
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:** OSCAR LOSADA

VICE PRESIDENT

06/22/2024

Electronic Signature of Signing Officer/Director Detail

Date