

**2017 FLORIDA NOT FOR PROFIT CORPORATION 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.**

**02/17/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name EZRIN, MARTIN  
Address 3595 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

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

Title D  
Name FORD, ROBERT  
Address 3595 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title EXECUTIVE VICE PRESIDENT  
Name NOVICK, ROBERT  
Address 3595 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

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

Title SECRETARY  
Name FAZZAH, EDWARD  
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

*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**

**02/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date