

2013 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:

BLAXBERG, GRAYSON & KUKOFF, P.A.
25 SE 2ND AVENUE
SUITE 730
MIAMI, FL 33131 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 T
Name EZRIN, MARTY
Address 3500 MYSTIC POINTE DR., 1704
City-State-Zip: AVENTURA FL 33180

Title VP
Name DAVIS, BARRY
Address 19101 MYSTIC POINTE DR PH8
City-State-Zip: AVENTURA FL 33180

Title D
Name FORD, ROBERT
Address 19101 MYSTIC POINTE DR., #1205
City-State-Zip: AVENTURA FL 33180

Title P
Name NOVICK, ROBERT
Address 3600 MYSTIC POINTE DR
City-State-Zip: AVENTURA FL 33180

Title S
Name SCHACHNER, SEYMOUR
Address 3530 MYSTIC POINTE DR #1815
City-State-Zip: AVENTURA FL 33180

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

Title D
Name FAZZAH, EDWARD
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: DANIEL E. JOHNSON

ATTORNEY

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date