

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24191

**FILED**  
**Apr 03, 2020**  
**Secretary of State**  
**7034458298CC**

**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.

04/03/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title           TREASURER  
Name           EZRIN, MARTIN  
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           DIRECTOR  
Name           CARTER, RANDY  
Address        3595 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

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

Title           DIRECTOR  
Name           ITZKOFF, MARC  
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:** DAVIS, BARRY

**PRESIDENT**

04/03/2020

Electronic Signature of Signing Officer/Director Detail

Date