2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30986

Entity Name: MYSTIC POINTE CONDOMINIUM NO. TWO ASSOCIATION, INC.

Current Principal Place of Business:

19195 MYSTIC POINT DR
AVENTURA, FL 33180

Current Mailing Address:

19195 MYSTIC POINT DR
AVENTURA, FL 33180 US

FEI Number: 65-0176649

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATED CORPORATE SERVICES
6111 BROKEN SOUND PARKWAY
 SUITE 200
BOCA RATON, FL 33487 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: RYAN POLIAKOFF, ESQ   01/23/2014

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	P	Title	D
Name	LOSZYNSKI, MITCHELL	Name	GREGORY, STEVEN
Address	19195 MYSTIC POINTE DRIVE	Address	19195 MYSTIC PT DR
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180
Title	VP	Title	T
Name	LEVKONITZ, RON	Name	PALKA, DONNA
Address	19195 MYSTIC POINTE DRIVE	Address	19195 MYSTIC POINTE DRIVE
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180
Title	DIRECTOR	Title	SECRETARY
Name	SABINE, FRANCINE	Name	JACOBSON, PAUL
Address	19195 MYSTIC POINTE DRIVE	Address	19195 MYSTIC POINTE DRIVE
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180
Title	DIRECTOR		
Name	SILVERBERG, DAN		
Address	19195 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: MITCHELL LOSZYNSKI   PRESIDENT   01/23/2014

Electronic Signature of Signing Officer/Director Detail   Date