2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N30986

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

FILED
Dec 13, 2018
Secretary of State
CC5472741912

Current Principal Place of Business:

19195 MYSTIC POINTE DR AVENTURA, FL 33180

Current Mailing Address:

19195 MYSTIC POINTE DR AVENTURA, FL 33180 US

FEI Number: 65-0176649 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLIAKOFF, RYAN D. BACKER ABOUD POLIAKOFF & FOELSTER 400 S. DIXIE HIGHWAY SUITE 420 BOCA RATON, FL 33432 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 D. POLIAKOFF 12/13/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title P Title D

NameLOSZYNSKI, MITCHELLNameGLASSER, HARVEYAddress19195 MYSTIC POINTE DRIVEAddress19195 MYSTIC PT DRCity-State-Zip:AVENTURA FL 33180City-State-Zip:AVENTURA FL 33180

Title VP Title DIRECTOR

Name LEVKONITZ, RON Name TAYLOR, TRISH

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 HARTZ, ROBERT 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 TREASURER

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: LOSZYNSKI, MITCHELL PRESIDENT 12/13/2018