

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30986

**FILED**  
**Feb 20, 2015**  
**Secretary of State**  
**CC7622821080**

**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**

**02/20/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LOSZYNSKI, MITCHELL  
Address 19195 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title D  
Name GREGORY, STEVEN  
Address 19195 MYSTIC PT DR  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name LEVKONITZ, RON  
Address 19195 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name PALKA, DONNA  
Address 19195 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name SABIN, FRANCINE  
Address 19195 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title SECRETARY  
Name JACOBSON, PAUL  
Address 19195 MYSTIC POINTE DRIVE  
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: MITCHELL LOSZYNSKI**

**PRESIDENT**

**02/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date