

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30986

FILED
Apr 24, 2019
Secretary of State
7628469058CC

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

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

04/24/2019

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 GLASSER, HARVEY
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 TAYLOR, TRISH
Address 19195 MYSTIC POINTE DRIVE
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name HARTZ, ROBERT
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

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date