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	E BETH LINDIE			08/08/2013
	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	D	
Name	LEVKONITZ, RON	Name	MOSHER, STACEY	
Address	19195 MYSTIC POINTE DRIVE	Address	19195 MYSTIC POINTE DRIVE	
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180	
Title	т	Title	SECRETARY	

Name

Address

City-State-Zip:

SABIN, FRANCINE

AVENTURA FL 33180

19195 MYSTIC POINTE DRIVE

**Current Mailing Address:** 

**Current Principal Place of Business:** 

DOCUMENT# N30986

19195 MYSTIC POINT DR AVENTURA, FL 33180

19195 MYSTIC POINT DR AVENTURA, FL 33180 US

## FEI Number: 65-0176649

## Name and Address of Current Registered Agent:

LINDIE, BETH ESQ ESLER & LINDIE, P.A. 400 SE 6TH STREET FORT LAUDERDALE, FL 33301 US

## 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

PALKA, DONNA

AVENTURA FL 33180

19195 MYSTIC POINTE DRIVE

Name

Address

City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

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

PRESIDENT

08/08/2013

Aug 08, 2013 Secretary of State CC2585955643

FILED

Certificate of Status Desired: No

Date