

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30986

**FILED**  
**Mar 14, 2017**  
**Secretary of State**  
**CC2862024304**

**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**

**03/14/2017**

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 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**

**03/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date