

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

DOCUMENT# N39074

**Entity Name:** MYSTIC POINTE MARINA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 12, 2017**  
**Secretary of State**  
**CC2630767806**

**Current Principal Place of Business:**

3575 MYSTIC POINTE DRIVE  
AVENTURA, FL 33180

**Current Mailing Address:**

3575 MYSTIC POINTE DRIVE  
AVENTURA, FL 33180 US

**FEI Number: 65-0205274**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

REINHARD, SANFORD  
1290 WESTON ROAD  
SUITE 201  
WESTON, FL 33326 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SCHACHNER, SEYMOUR  
Address 3530 MYSTIC POINTE DRIVE  
APT #1815  
City-State-Zip: AVENTURA FL 33180

Title ST  
Name FORD, ROBERT  
Address 19101 MYSTIC POINTE DRIVE  
APT #1205  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name CARTER, RANDY  
Address 3500 MYSTIC POINTE DRIVE  
APT #2907  
City-State-Zip: AVENTURA FL 33180

Title D  
Name KAUFMAN, EDWARD  
Address 3530 MYSTIC POINTE DRIVE  
APT #2315  
City-State-Zip: AVENTURA FL 33180

Title D  
Name MECCA, ROBERT J.  
Address 321 ROE AVE  
City-State-Zip: E. PATCHOGUE NY 11772

*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: ROBERT FORD**

**ST**

**01/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date