2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44300

Entity Name: MYSTIC POINTE TOWNHOUSES CONDOMINIUM

ASSOCIATION, INC.

Current Principal Place of Business:

C/O MYSTIC POINTE MASTER 3595 MYSTIC POINTE DRIVE AVENTURA, FL 33180

Current Mailing Address:

C/O MYSTIC POINTE MASTER 3595 MYSTIC POINTE DRIVE AVENTURA, FL 33180 US

FEI Number: 65-0327132 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESSIG LAW GROUP PA 10691 NORTH KENDALL DRIVE STE 206 MIAMI, FL 33176 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

FILED Jan 25, 2016

Secretary of State

CC7727987205

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name LOSADA, OSCAR Name WATERS, TATE

Address 3475 MYSTIC POINTE DR #11 Address 3475 MYSTIC POINTE DR #4

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title SEC Title VP

Name ITZKOFF, MARC Name BASCUMBE, IVETTE

Address 3475 MYUSTIC POINTE DR #7 Address 3475 MYSTIC POINTE DR #3

City-State-Zip: AVENTURA FL 33180

City-State-Zip: AVENTURA FL 33180

Title TREASURER Title DIRECTOR
Name AMAR, YANIV

Address 3475 MYSTIC POINTE DR #10

Address 3475 MYSTIC POINTE DR #8

Dity-State-Zip: AVENTURA FL 33180

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name YARI, RIKI

Address 3475 MYSTIC POINTE DR #2

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: OSCAR LOSADA PRESIDENT 01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date