2020 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, P.A. C/O WILLIAM G. ESSIG, ESQ. 10691 NORTH KENDALL DRIVE SUITE 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: WILLIAM ESSIG 06/01/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title SEC

Name LOSADA, OSCAR Name ITZKOFF, MARC

Address 3475 MYSTIC POINTE DR #11 Address 3475 MYSTIC POINTE DR #7

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

Title VP Title TREASURER

Name BASCUMBE, IVETTE Name AMAR, YANIV

Address 3475 MYSTIC POINTE DR #3 Address 3475 MYSTIC POINTE DR #10

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

Title DIRECTOR Title DIRECTOR

Name YAARI, RIVKA Name ALVAREZ, MIGUEL

Address 3475 MYSTIC POINTE DR #2 Address 3475 MYSTIC POINTE DR #9

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

Title DIRECTOR

Name YUNGER, ISRAEL

Address 3475 MYSTIC POINTE DR #1

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 06/01/2020

FILED Jun 01, 2020

Secretary of State

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