


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90729 001 \*\*\*\*61.25

**DOCUMENT # N39471**

1. Entity Name  
 MYSTIC POINTE TOWER 400 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 3500 MYSTIC POINTE DRIVE  
 AVENTURA, FL 33180

Mailing Address  
 3500 MYSTIC POINTE DRIVE  
 AVENTURA, FL 33180

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

03312004 Chg-NP CR2E037 (10/03)



4. FEI Number  
 65-0205274

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

| 6. Name and Address of Current Registered Agent                        | 7. Name and Address of New Registered Agent        |
|--|--|
| SKRLD, INC.<br>201 ALHAMBRA CIR., SUITE 1102<br>CORAL GABLES, FL 33134 | Name   |
|  | Street Address (P.O. Box Number is Not Acceptable) |
|  | City   |
|  | FL Zip Code  |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WINTERMAN, GENE<br>3500 MYSTIC POINTE DR. 3407<br>AVENTURA, FL 33180 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Treasurer<br>Ted Healy<br>3500 Mystic Pointe Drive, #3201<br>Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>SAPERSTEIN, IRVING<br>3500 MYSTIC POINTE DR #4108<br>AVENTURA, FL 33180 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GAN, MAURICE<br>3500 MYSTIC POINTE DR. 1406<br>AVENTURA, FL 33180 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>FEINSTEIN, HONEY<br>3500 MYSTIC PT. DRIVE #2908<br>AVENTURA, FL 33180 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEDERMAN, MARILYN<br>3500 MYSTIC POINTE DR. 307<br>AVENTURA, FL 33180 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>EZRIN, MARTY<br>3500 MYSTIC POINTE DRIVE, #1704<br>AVENTURA, FL 33180 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**  **4/14/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #