


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90213 045 ****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**

14006256



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

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

04192005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
65-0205274

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**SKRLD, INC.
 201 ALHAMBRA CIR., SUITE 1102
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

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 \$81.25
 Due by May 1, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTERMAN, GENE 3500 MYSTIC POINTE DR. 3407 AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAPERSTEIN, IRVING 3500 MYSTIC POINTE DR #4108 AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAN, MAURICE <input checked="" type="checkbox"/> Delete 3500 MYSTIC POINTE DR. 1406 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEINSTEIN, HONEY <input type="checkbox"/> Delete 3500 MYSTIC PT. DRIVE #2908 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDERMAN, MARILYN <input type="checkbox"/> Delete 3500 MYSTIC POINTE DR. 307 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EZRLIN, MARTY <input type="checkbox"/> Delete 3500 MYSTIC POINTE DRIVE, #1704 AVENTURA, FL 33180

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TED HEALY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3500 MYSTIC POINTE DR. #3201 AVENTURA, FL. 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORT MALIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3500 MYSTIC POINTE DR. #3108 AVENTURA, FL. 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: M. Ezrlin, President **4/26/05 305 935 3924**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #