


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90315 041 ****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**

DO NOT WRITE IN THIS SPACE

4000



03082006 No Chg-NP CR2E037 (11/05)

4. FEI Number **65-0205273** Applied For
65-0205273 Not Applicable

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**

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTERMAN, GENE 3500 MYSTIC POINTE DR. 3407 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAPERSTEIN, IRVING 3500 MYSTIC POINTE DR #4108 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEALY, TED 3500 MYSTIC POINT DR #3201 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEINSTEIN, HONEY 3500 MYSTIC PT. DRIVE #2908 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDERMAN, MARILYN 3500 MYSTIC POINTE DR. 307 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EZRIN, MARTY 3500 MYSTIC POINTE DRIVE, #1704 AVENTURA, FL 33180

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Marty Ezrin* **MARTY EZRIN, PRESIDENT** **4/6/06** **3059353924**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #