

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**

4000



03082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0205273**

Applied For
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**

**DO NOT WRITE
IN THIS SPACE**

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, 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 EZBIN, MARTY 3500 MYSTIC POINTE DRIVE, #1704 AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gene Winterman **GENE WINTERMAN, PRESIDENT** 4/6/06 3059353924