

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39471

**Entity Name:** MYSTIC POINTE TOWER 400 CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Feb 27, 2024**  
**Secretary of State**  
**4929238332CC****Current Principal Place of Business:**3500 MYSTIC POINTE DRIVE  
AVENTURA, FL 33180**Current Mailing Address:**3500 MYSTIC POINTE DRIVE  
AVENTURA, FL 33180**FEI Number:** 65-0205273**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.  
201 ALHAMBRA CIR., SUITE 1102  
CORAL GABLES, FL 33134 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	FUHRMAN, DAVID
Address	3500 MYSTIC POINTE DRIVE
City-State-Zip:	AVENTURA FL 33180

Title	VP
Name	PUTTERMAN, BERTRAM
Address	3500 MYSTIC POINTE DRIVE
City-State-Zip:	AVENTURA FL 33180

Title	SECRETARY
Name	STEWART, NICOLE
Address	3500 MYSTIC POINTE DRIVE
City-State-Zip:	AVENTURA FL 33180

Title	DIRECTOR
Name	FIELDS, MARTHA
Address	3500 MYSTIC POINTE DRIVE
City-State-Zip:	AVENTURA FL 33180

Title	DIRECTOR
Name	BABICZ, JEROME
Address	3500 MYSTIC POINTE DRIVE
City-State-Zip:	AVENTURA FL 33180

Title	DIRECTOR
Name	PIZZIMENTI, DAVID
Address	3500 MYSTIC POINTE DRIVE
City-State-Zip:	AVENTURA FL 33180

Title	TREASURER
Name	BENARROCH, VIDAL
Address	3500 MYSTIC POINTE DRIVE
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: DAVID FUHRMAN****PRESIDENT****02/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date