

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39471

**Entity Name:** MYSTIC POINTE TOWER 400 CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Mar 08, 2018**  
**Secretary of State**  
**CC4231274325****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	VP
Name	SEGAL, LEON
Address	3500 MYSTIC POINTE DRIVE 3701
City-State-Zip:	AVENTURA FL 33180
Title	PRESIDENT
Name	CARTER, RANDY
Address	3500 MYSTIC POINTE DR. 2907
City-State-Zip:	AVENTURA FL 33180
Title	DIRECTOR
Name	PACHECO DE SILVA , JOSE
Address	3500 MYSTIC POINTE DRIVE 2308
City-State-Zip:	AVENTURA FL 33180
Title	DIRECTOR
Name	LEVITZ, ALAN
Address	3500 MYSTIC POINTE DRIVE 604
City-State-Zip:	AVENTURA FL 33180

Title	SECRETARY
Name	RIED, DOUG
Address	3500 MYSTIC POINTE DRIVE 4008
City-State-Zip:	AVENTURA FL 33180
Title	TREASURER
Name	FIELD, MARTHA
Address	3500 MYSTIC POINTE DRIVE, #1704 3307
City-State-Zip:	AVENTURA FL 33180
Title	DIRECTOR
Name	EZRIN, MARTIN
Address	3500 MYSTIC POINTE DRIVE 1704
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:** ALAN LEVITZ**SECRETARY****03/08/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date