

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N39471** (0)

1. Corporation Name

MYSTIC POINTE TOWER 400 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3500 MYSTIC POINTE DRIVE
AVENTURA FL 33180

3500 MYSTIC POINTE DRIVE
AVENTURA FL 33180

3. Date Incorporated or Qualified

08/13/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRID, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHAPIRO, HAROLD	
STREET ADDRESS	3500 MYSTIC PT. DRIVE	
CITY - ST - ZIP	AVENTURA FL 33180	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MEACHUM, PATSY	
STREET ADDRESS	3500 MYSTIC POINTE DRIVE, #205	
CITY - ST - ZIP	AVENTURA FL 33180	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EZRIN, MARTY	
STREET ADDRESS	3500 MYSTIC POINTE DRIVE # 1704	
CITY - ST - ZIP	AVENTURA FL 33180	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FEINSTEIN, HONEY	
STREET ADDRESS	3500 MYSTIC PT. DRIVE #2908	
CITY - ST - ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REINFELD, ED	
STREET ADDRESS	3500 MYSTIC POINTE DRIVE, 1701	
CITY - ST - ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINTERMAN, GENE	
STREET ADDRESS	3500 MYSTIC POINTE DRIVE, #3407	
CITY - ST - ZIP	AVENTURA FL 33180	

11 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	LEDERMAN, MARILYN.	
13 STREET ADDRESS	3500 MYSTIC PT. DRIVE	
14 CITY - ST - ZIP	AVENTURA, FL 33180	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gene Winterman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 25 1996

Date

933-3924

Daytime Phone #

CR2E037 (12/95)