## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

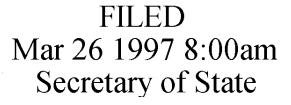
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N39471

(0)

MYSTIC POINTE TOWER 400 CONDOMINIUM ASSOCIATION, INC.





Principal Place of Business		Mailing Address		r seetings pas little fatts einst fatet tief einit eint biett biett biett biett		
3500 MYSTIC POINTE DRIVE AVENTURA FL 33180		3500 MYSTIC POINTE DRIVE AVENTURA FL 33180-2578				
				3. Date Incorporated or Qualified 08/13/1990	3a. Date of Last Report 01/31/1996	
L		2a. Mailing Address		4. FEI Number 65-0205274	Applied For	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		03-0200274	Not Applicable  \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & Stato		6. Election Campaign Financing \$5.00 May Be		
Zip Country		28		Trust Fund Contribution Added to Fees		
24	25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,	
9. Name and Address of Current Registered Agent			30	10. Name and Address of New Registered Agent		
			81 Nam		<u> </u>	
SKRID, INC.			82 Stree	82 Street Address (P.O. Box Number is Not Acceptable)		
201 ALHAMBRA CIRCLE, SUITE 1102			, , , , , , , , , , , , , , , , , , , ,			
CORAL GABLES FL 33134			83			
			84 City		85 Zip Code	
11. Pursuant to the provisions of Soctions 617 0502 and 617 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered.						
11. Pursuant to the provisions of Soctions 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 age			re required when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	DP CHARDO HAROLD	☐ DEL€TE	1.1 TIPLE	D	Change Addition	
NAME STREET ADDRESS	SHAPIRO, HAROLD 3500 MYSTIC PT. DRIVE		1.2 NAME	LEDERMAN, MARILYN		
CITY-ST-ZIP	AVENTURA FL 33180		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	3500 MYSTIC POINTE		
TITLE	DVP	DELETE	2.1 TITLE	AVENTURA, FL 33180	Change Addition	
NAME	MEACHUM, PATSY		2.2 NAME			
STREET ADDRESS						
CITY-ST-ZIP	AVENTURA FL 33180		2. 4 CITY-ST-ZIP			
TITLE -	1	☐ DELETE	3.1 T(TL€		☐ Change ☐ Addition	
NAME	WINTERMAN, GENE		3.2 NAME			
STREET ADDRESS	3500 MYSTIC POINTE DRIVE ,	3407	3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	AVENTURA FL 33180 DS	□ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME	FEINSTEIN, HONEY	L.J OLLCIE	4.1 THEE		☐ Outsube ☐ Manified	
STREET ADDRESS	3500 MYSTIC PT. DRIVE #290	8	4.3 STREET ADDRESS			
CITY-ST-ZIP	AVENTURA FL 33180	-	4.4 CITY-ST-ZIP			
TITLE	D	DELETE	5.1 TITLE		Change Addition	
NAME	REINFELD, ED		5.2 NAME			
STREET ADDRESS	3500 MYSTIC POINTE DRIVE,	1701	5.3 STREET ADDRESS	80000212	5238	
CITY-ST-ZIP TITLE	AVENTURA FL 33180	DELETE	5.4 C(TY-ST-ZIP	80000212 -03/26/970111	2028	
NAME	D MADOU	TT) necess	6.1 TITLE 6.2 NAME	***61.25	Change Addition	
STREET ADDRESS	BZRIN, MARTY 3500 MYSTIC POINTE DRIVE,	1704	6.3 STREET ADORESS		(X)	
CITY-ST-ZIP	AVENTURA FL 33180	1/04	6.4 CITY- ST-ZIP		\	
14. I do hereb	w certify that the information supplied	with this filing does not qualify	for the exemption	stated in Section 119.07(3)(i), Florida Statutes	. I further certify that the	
Information indicated on this annual roport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under anything 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 harde appears in Block 12 or Block 13 if changed, or on an attachment with an address.						