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Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 33180-2578



3. Date Incorporated or Qualified 08/13/1990  
3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 65-0205274  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE DP  
NAME SHAPIRO, HAROLD  
STREET ADDRESS 3500 MYSTIC PT. DRIVE  
CITY-ST-ZIP AVENTURA FL 33180

13.1.1 TITLE D  
1.2 NAME LEDERMAN, MARILYN  
1.3 STREET ADDRESS 3500 MYSTIC POINTE DRIVE, 307  
1.4 CITY-ST-ZIP AVENTURA, FL 33180

12.2 TITLE DVP  
NAME MEACHUM, PATSY  
STREET ADDRESS 3500 MYSTIC POINTE DRIVE, #205  
CITY-ST-ZIP AVENTURA FL 33180

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

12.3 TITLE T  
NAME WINTERMAN, GENE  
STREET ADDRESS 3500 MYSTIC POINTE DRIVE, 3407  
CITY-ST-ZIP AVENTURA FL 33180

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

12.4 TITLE DS  
NAME FEINSTEIN, HONEY  
STREET ADDRESS 3500 MYSTIC PT. DRIVE #2908  
CITY-ST-ZIP AVENTURA FL 33180

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

12.5 TITLE D  
NAME REINFELD, ED  
STREET ADDRESS 3500 MYSTIC POINTE DRIVE, 1701  
CITY-ST-ZIP AVENTURA FL 33180

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

12.6 TITLE D  
NAME BZRIN, MARTY  
STREET ADDRESS 3500 MYSTIC POINTE DRIVE, 1704  
CITY-ST-ZIP AVENTURA FL 33180

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

800002125238  
-03/26/97-01112-028  
\*\*\*61.25

14. I do hereby 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 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: *[Handwritten Signature]*

CR2E037 (9/96)