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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N39471

1. Corporation Name

MYSTIC POINTE TOWER 400 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3500 MYSTIC POINTE DRIVE
 AVENTURA FL 33180

Mailing Address

3500 MYSTIC POINTE DRIVE
 AVENTURA FL 33180



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/13/1990
City & State	City & State	4. FEI Number
Zip	Country	65-0205274
25	29	Applied For
	30	Not-Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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
	85 Zip Code
	FL

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D
NAME	SHAPIRO, HAROLD	1.2 NAME	Marilyn Lederman
STREET ADDRESS	3500 MYSTIC PT. DRIVE	1.3 STREET ADDRESS	3500 Mystic Pointe Dr. # 307
ST-ZIP	AVENTURA FL 33180	1.4 CITY-ST-ZIP	Aventura, FL. 33180
TITLE	DVP	2.1 TITLE	DP
NAME	MEACHUM, PATSY	2.2 NAME	Gene Winterman
STREET ADDRESS	3500 MYSTIC-POINTE DRIVE, #205	2.3 STREET ADDRESS	3500 Mystic Pointe Dr. 205
ST-ZIP	AVENTURA FL 33180	2.4 CITY-ST-ZIP	AVENTURA, FL. 33180
TITLE	T	3.1 TITLE	D.V.P. Harold Shapiro
NAME	WINTERMAN, GENE	3.2 NAME	HAROLD SHAPIRO
STREET ADDRESS	3500 MYSTIC POINTE DRIVE # 3407	3.3 STREET ADDRESS	3500 Mystic Pointe Dr # 2805
ST-ZIP	AVENTURA FL 33180	3.4 CITY-ST-ZIP	AVENTURA, FL.
TITLE	DS	4.1 TITLE	D
NAME	FEINSTEIN, HONEY	4.2 NAME	PATSY MEACHUM
STREET ADDRESS	3500 MYSTIC PT. DRIVE #2908	4.3 STREET ADDRESS	3500 Mystic Pointe Dr # 205
ST-ZIP	AVENTURA FL 33180	4.4 CITY-ST-ZIP	Aventura FL. 33180
TITLE	D	5.1 TITLE	CHESTER EPSTEIN
NAME	REINFELD, ED	5.2 NAME	CHESTER EPSTEIN
STREET ADDRESS	3500 MYSTIC POINTE DRIVE, 1701	5.3 STREET ADDRESS	3500 Mystic Pointe Dr # 2102
ST-ZIP	AVENTURA FL 33180	5.4 CITY-ST-ZIP	Aventura, FL. 33180
TITLE	D	6.1 TITLE	T
NAME	EZRIN, MARTY	6.2 NAME	EZRIN MARTY
STREET ADDRESS	3500 MYSTIC POINTE DRIVE, #1704	6.3 STREET ADDRESS	3500 Mystic Pointe Dr. 1704
ST-ZIP	AVENTURA FL 33180	6.4 CITY-ST-ZIP	AVENTURA, FL. 33180

I 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 any attachment with an address, with all other like empowered.

SIGNATURE: Harold Shapiro Date: 4/2/99

COPY (1/1/99)