

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39471

FILED
Apr 22, 2009
Secretary of State

Entity Name: MYSTIC POINTE TOWER 400 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3500 MYSTIC POINTE DRIVE
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3500 MYSTIC POINTE DRIVE
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-0205273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIR., SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOMOLINSKY, RALPH
Address: 3500 MYSTIC POINTE DR. 1608
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: SAPERSTEIN, IRVING
Address: 3500 MYSTIC POINTE DR #4108
City-St-Zip: AVENTURA, FL 33180

Title: T () Delete
Name: MALIS, MORT
Address: 3500 MYSTIC POINTE DR. 3108
City-St-Zip: AVENTURA, FL 33180

Title: S () Delete
Name: FEINSTEIN, HONEY
Address: 3500 MYSTIC PT. DRIVE #2908
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: LEDERMAN, MARILYN
Address: 3500 MYSTIC POINTE DR. 307
City-St-Zip: AVENTURA, FL 33180

Title: P () Delete
Name: EZRIN, MARTY
Address: 3500 MYSTIC POINTE DRIVE, #1704
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARTIN EZRIN

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date