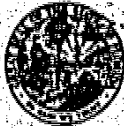


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:14

DOCUMENT # N41945 (9)

1. Corporation Name

MYSTIC POINTE TOWER 500 CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

3530 MYSTIC POINTE DR.
NORTH MIAMI BEACH FL 33180

3530 MYSTIC POINTE DR.
NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1991

3a. Date of Last Report

02/03/1994

4. FEI Number

65-0036720

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

STEVE SIEGFRIED
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 607.0502 and 607.1508, 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 607.0505, 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	NAME	STREET ADDRESS	CITY - ST - ZIP
P	SOCOLOV, LIONEL	3530 MYSTIC POINTE DR.	N MIAMI BCH FL
V	GLICKMAN, MORRIS	3530 MYSTIC POINTE DR.	N MIAMI BCH FL
S	WOOTERS, ADELE F.	3530 MYSTIC POINTE DR.	N MIAMI BCH FL
T	FRANK, MICHAEL	3530 MYSTIC POINTE DR.	N MIAMI BCH FL
D	MADSEN, KAREN	3530 MYSTIC POINTE DR.	N MIAMI BCH FL
D	SEIDLER, BRIAN	3530 MYSTIC POINTE DR.	N MIAMI BCH FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
P/D	LIONEL SOCOLOV	3530 MYSTIC POINTE DR. #1615	AVENTURA FL
V/D	MORRIS GLICKMAN	#3530 Mystic Pointe Dr. 708	Aventura, fl. 33180
S/D	KAREN MADSEN	#3530 Mystic Pointe Dr. #409	Aventura, Fl. 33180
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #