

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified
02/05/1991

3a. Date of Last Report
03/20/1995

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

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 617.0507 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE DELETE
NAME **PD SOCOLOV, LIONEL**
STREET ADDRESS **3530 MYSTIC POINTE DR #1615**
CITY-ST-ZIP **AVENTURA FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **VD GLICKMAN, MORRIS**
STREET ADDRESS **3530 MYSTIC POINTE DR.**
CITY-ST-ZIP **N MIAMI BCH FL**

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

TITLE DELETE
NAME **T FRANX, MICHAEL**
STREET ADDRESS **3530 MYSTIC POINTE DR.**
CITY-ST-ZIP **N. MIAMI BCH. FL**

3.1 TITLE Change Addition
3.2 NAME **DAVID GLAZER**
3.3 STREET ADDRESS **3530 MYSTIC PTE. DR.**
3.4 CITY-ST-ZIP **N.H. BCH. FL.**

TITLE DELETE
NAME **SD MADSEN, KAREN**
STREET ADDRESS **3530 MYSTIC POINTE DR.**
CITY-ST-ZIP **N. MIAMI BCH. FL**

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

TITLE DELETE
NAME **D SEIDLER, BRIAN**
STREET ADDRESS **3530 MYSTIC POINTE DR.**
CITY-ST-ZIP **N. MIAMI BCH. FL**

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **X 2/8/96**

Daytime Phone: #

CR2E037 (12/95)