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Feb 25 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 # 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 33180-4541

3. Date Incorporated or Qualified 02/05/1991  
3a. Date of Last Report 02/16/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0036720	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Country	29. Country		

9. Name and Address of Current Registered Agent  
STEVE SIEGFRIED  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
81 Name SKRLD, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable)  
201 Alhambra Circle, Suite 1102  
83  
84 City Coral Gables, FL 85 Zip Code 33134

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 SKRLD, Inc. by *Louisa J...* Secretary 1/30/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOCOLOV, LIONEL	
STREET ADDRESS	3530 MYSTIC POINTE DR #1615	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLICKMAN, MORRIS	
STREET ADDRESS	3530 MYSTIC POINTE DR.	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GLAZER, DAVID	
STREET ADDRESS	3530 MYSTIC POINTE DRIVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MADSEN, KAREN	
STREET ADDRESS	3530 MYSTIC POINTE DR.	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEIDLER, BRIAN	
STREET ADDRESS	3530 MYSTIC POINTE DR.	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT TANNENBAUM	
1.3 STREET ADDRESS	3535 MYSTIC PTE DR # 385	
1.4 CITY-ST-ZIP	AVENTURA, FL. 3318	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TREASURER.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DR. ALAN ALTMAN	
3.3 STREET ADDRESS	3530 MYSTIC PTE # 18	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500002098005	
6.3 STREET ADDRESS	-02/26/97--01010--022	
6.4 CITY-ST-ZIP	***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: *A. R. S.* **NOT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)