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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

4. FEI Number: 65-0036720 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TANNENBAUM, ROBERT 3535 MYSTIC POINTE DR #2815 AVENTURA FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition HAL HERMAN PRESIDENT 3530 MYSTIC AVENTURA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GLICKMAN, MORRIS 3530 MYSTIC POINTE DR. N MIAMI BCH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition V.D. MORRIS GLICKMAN 3530 MYSTIC PTE DR.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALTMAN, DR.ALLAN 3530 MYSTIC POINTE #18 AVENTURA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☑ Change ☐ Addition HERB KAPLOW TREASURER 3530 MYSTIC PTE DR.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MADSEN, KAREN 3530 MYSTIC POINTE DR. N. MIAMI BCH. FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition SECRETARY KAREN MADSEN 3530 MYSTIC PTE DR.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEIDLER, BRIAN 3530 MYSTIC POINTE DR. N. MIAMI BCH. FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☑ Change ☐ Addition VICE PRESIDENT HERB FISHMAN 3530 MYSTIC PTE DR.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition RON LONDON DIRECTOR 3530 MYSTIC PTE DR.

CR2E037 (10/97)

14. 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 an attachment with an address.

SIGNATURE: X _____ 1/28/98 305-935-8763