

FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41945

1. Corporation Name
MYSTIC POINTE TOWER 500 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 3530 MYSTIC POINTE DR. NORTH MIAMI BEACH FL 33180
Mailing Address: 3530 MYSTIC POINTE DR. NORTH MIAMI BEACH FL 33180

02/05/1991
TALLAHASSEE, FLORIDA



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|---|---|---|
| 21. Principal Place of Business Suite, Apt. #, etc. | 26. Mailing Address Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 02/05/1991 |
| 22. City & State | 27. City & State | 4. FEI Number 65-0036720 |
| 23. Zip | 28. Zip | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Country | 29. Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

8. Name and Address of Current Registered Agent
SIFIELD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81. Name: Sigfried Rivera Lerner, et al
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: _____

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE: PD | NAME: HAL HERMAN |
| STREET ADDRESS: 3530 MYSTIC POINTE DR. # 401 | CITY-ST-ZIP: AVENTURA FL 33180 |
| TITLE: VD | NAME: GLICKMAN, MORRIS |
| STREET ADDRESS: 3530 MYSTIC POINTE DR. # 702 | CITY-ST-ZIP: N MIAMI BCH FL AVENTURA 33180 |
| TITLE: TD | NAME: HERB KAPLOW |
| STREET ADDRESS: 3530 MYSTIC POINTE DR # 1402 | CITY-ST-ZIP: AVENTURA FL 33180 |
| TITLE: SD | NAME: MADSEN, KAREN |
| STREET ADDRESS: 3530 MYSTIC POINTE DR. # 409 | CITY-ST-ZIP: N MIAMI BCH FL AVENTURA 33180 |
| TITLE: VP/D | NAME: HERB, FISHMAN |
| STREET ADDRESS: 3530 MYSTIC POINTE DR # 1715 | CITY-ST-ZIP: N MIAMI BCH FL AVENTURA 33180 |
| TITLE: | NAME: |
| STREET ADDRESS: B3 4/2/99 9900 | CITY-ST-ZIP: |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 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 checked="" type="checkbox"/> Addition |
| 5.2 NAME | ROBERT STEVENS |
| 5.3 STREET ADDRESS | 3530 MYSTIC POINTE DR. # 710 |
| 5.4 CITY-ST-ZIP | AVENTURA, FL 33180 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | RONALD LONDON |
| 6.3 STREET ADDRESS | 3530 MYSTIC PT. DR. # 2804 |
| 6.4 CITY-ST-ZIP | AVENTURA FL 33180 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Hal Herman 1/11/99 305-935-6953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: HAL HERMAN, President

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...ing conditions.
It is not a new registered
Agent. Leave as SKRLD, Inc.
in the report to: Division of
32302-1500 within 30 days