# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 06, 2006**
**Secretary of State**

DOCUMENT# N41945

**Entity Name:** MYSTIC POINTE TOWER 500 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3530 MYSTIC POINTE DR.
OFFICE
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3530 MYSTIC POINTE DR.
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number: 65-0036720** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

SKRLD, INC.
900 S. STATE RD. 7
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete
Name: COHEN, MARTIN
Address: 3580 MYSTIC POINTE DR.,#1505
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: GLICKMAN, MORRIS
Address: 3530 MYSTIC POINTE DR. #702
City-St-Zip: AVENTURA, FL 33180

Title: VPD ( ) Delete
Name: LONDON, RONALD
Address: 3530 MYSTIC POINTE DR. #2804
City-St-Zip: AVENTURA, FL 33180

Title: PD ( ) Delete
Name: MADSEN, KAREN,
Address: 3530 MYSTIC POINTE DR. #409
City-St-Zip: AVENTURA, FL 33180

Title: SD (X) Delete
Name: NOVA, JOAN
Address: 3530 MYSTIC POINTE DR., #2508
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Delete
Name: SCHACHNER, SY
Address: 3330 MYSTIC POINTE DR., #1815
City-St-Zip: MIAMI, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: RON, WILLIAM
Address: 3530 MYSTIC POINTE DR.,#610
City-St-Zip: AVENTURA, FL 33180

Title: VPD (X) Change ( ) Addition
Name: ZAMPELLA, PATRICIA
Address: 3530 MYSTIC POINTE DR. #2211
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Change ( ) Addition
Name: SOLL, MARTIN
Address: 3530 MYSTIC POINTE DR. #401
City-St-Zip: AVENTURA, FL 33180

Title: SD (X) Change ( ) Addition
Name: MADSEN, KAREN,
Address: 3530 MYSTIC POINTE DR. #409
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM RON PD 07/06/2006

Electronic Signature of Signing Officer or Director — Date