


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90026 033 ****61.25

DOCUMENT # N41945

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



Principal Place of Business
 3530 MYSTIC POINTE DR.
 OFFICE
 AVENTURA, FL 33180

Mailing Address
 3530 MYSTIC POINTE DR.
 AVENTURA, FL 33180

40008042



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number
 65-0036720

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GLAZER AND ASSOCIATES, P.A.
 1920 EAST HALLANDALE BEACH BLVD.
 HALLANDALE BEACH, FL 33009

01112007 Chg-NP CR2E037 (12/06)

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input checked="" type="checkbox"/> Delete	NAME RON, WILLIAM STREET ADDRESS 3530 MYSTIC POINTE DR. #610 CITY-ST-ZIP AVENTURA, FL 33180	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD <input type="checkbox"/> Delete	NAME ZAMPELLA, PATRICIA STREET ADDRESS 3530 MYSTIC POINTE DR. #2211 CITY-ST-ZIP AVENTURA, FL 33180	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input checked="" type="checkbox"/> Delete	NAME SOLL, MARTIN STREET ADDRESS 3530 MYSTIC POINTE DR. #401 CITY-ST-ZIP AVENTURA, FL 33180	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD <input type="checkbox"/> Delete	NAME MADSEN, KAREN STREET ADDRESS 3530 MYSTIC POINTE DR. #409 CITY-ST-ZIP AVENTURA, FL 33180	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TREAS <input type="checkbox"/> Delete	NAME Morris Glickman STREET ADDRESS 3530 Mystic Pointe Dr # 702 CITY-ST-ZIP Aventura FL 33180	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP <input type="checkbox"/> Delete	NAME Leonard Hirsch STREET ADDRESS 3530 Mystic Pointe Dr # 1002 CITY-ST-ZIP Aventura FL 33180	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Zampella 1-27-07 305-952-3836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #