

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41945

FILED
Feb 21, 2009
Secretary of State

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

Current Principal Place of Business:

3530 MYSTIC POINTE DR.
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

3530 MYSTIC POINTE DR.
AVENTURA, FL 33180

New Mailing Address:

C/O CASTLE MANAGEMENT
PO BOX 559009
FORT LAUDERDALE, FL 33355

FEI Number: 65-0036720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISINGER, DENNIS J
% EISINGER, BROWN, LEWIS & FRANKEL, P.A.
4000 HOLLYWOOD BLVD., SUITE 265-S
HOLLYWOOD, FL 33021 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: SD () Delete
Name: ZAMPELLA, PATRICIA
Address: 3530 MYSTIC POINTE DR. #2211
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: D () Delete
Name: GLICKMAN, MORRIS
Address: 3580 MYSTIC POINTE DRIVE # 702
City-St-Zip: MIAMI, FL 33180

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

Title: T () Delete
Name: MEDNICK, ROBERT
Address: 3530 MYSTIC POINTE DR #2611
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: RON, WILLIAM
Address: 3530 MYSTIC POINTE DR #610
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: S (X) Change () Addition
Name: MIMOUN, ORIT
Address: 3530 MYSTIC POINTE DR #2615
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT A DONNELLY

MGR

02/21/2009

Electronic Signature of Signing Officer or Director

Date