

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90053 040 \*\*\*\*61.25

**DOCUMENT # N43797**

1. Entity Name

**MYSTIC POINTE TOWER 600 CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

3400 N.E. 192ND STREET  
AVENTURA FL 33180

Mailing Address

3400 N.E. 192ND STREET  
AVENTURA FL 33180

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0276144

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

94015266



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**SIEGFRIED, STEVEN M. (ATTORNEY)**  
**SUITE 1102**  
**201 ALHAMBRA CIRCLE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**SKRLD, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**201 Alhambra Circle, Suite 1102**

City

**Coral Gables**

**FL**

Zip Code

**33134**

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

**SKRLD, Inc. by *Lisa A. Lerner***

**Lisa A. Lerner, Secretary**

**2/9/04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	WEINBERBER, MORTON	
STREET ADDRESS	3400 NE 192 ST #1809	
CITY-ST-ZIP	AVENTURA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SILVERSTEIN, FRED	
STREET ADDRESS	3400 NE 192ND ST., UNIT 612	
CITY-ST-ZIP	AVENTURA FL	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>FOME, CLAUDIO</del> <b>SUZANA BURRY</b>	
STREET ADDRESS	3400 NE 192ND ST #1809 <b>904</b>	
CITY-ST-ZIP	AVENTURA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TAYLOR, BRIAN	
STREET ADDRESS	3400 NE 192ND AVE 204	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	<del>VPD</del>	<input type="checkbox"/> Delete
NAME	HAYES, JAMES P	
STREET ADDRESS	3400 NE 192ND AVE 505	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Suzana Burry</b>	
STREET ADDRESS	<b>3400 NE 192 St., # 904</b>	
CITY-ST-ZIP	<b>Aventura, FL 33180</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*Morton Weinberber*  
**MORTON WEINBERBER**

Date

**1-22-04 (205) 932-4165**

Daytime Phone #