

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90052 027 ****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

50005724



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number: **65-0276144**
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
SKRLD, INC.
 201 ALHAMBRA CIRCLE STE 1102
 CORAL GABLES, FL 33134

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005

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	WEINBERGER, MORTON	<input type="checkbox"/> Delete
STREET ADDRESS: 3400 NE 192 ST #1809		
CITY-ST-ZIP: AVENTURA, FL		
TITLE: VPD	SILVERSTEIN, FRED	<input type="checkbox"/> Delete
STREET ADDRESS: 3400 NE 192ND ST., UNIT 612		
CITY-ST-ZIP: AVENTURA, FL		
TITLE: SD	BURRY, SUZANA	<input type="checkbox"/> Delete
STREET ADDRESS: 34 DONE 192 ST. #904		
CITY-ST-ZIP: AVENTURA, FL 33180		
TITLE: TD	TAYLOR, BRIAN	<input type="checkbox"/> Delete
STREET ADDRESS: 3400 NE 192ND AVE 204		
CITY-ST-ZIP: AVENTURA, FL 33180		
TITLE: VPD	HAYES, JAMES P	<input type="checkbox"/> Delete
STREET ADDRESS: 3400 NE 192ND AVE 505		
CITY-ST-ZIP: MIAMI, FL 33180		
TITLE: _____	_____	<input type="checkbox"/> Delete
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Weinberger* **MORTON WEINBERGER** **1/12/05** **(305)932-4165**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #