

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90119 035 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

65-0276144

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKRLD, INC.
 201 ALHAMBRA CIRCLE STE 1102
 CORAL GABLES FL 33134

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

FILE NOW: FEE IS \$61.25
Due: By May 1, 2006

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 Delete
 NAME **P WEINBERBER, MORTON**
 STREET ADDRESS **3400 NE 192 ST #1809**
 CITY-ST-ZIP **AVENTURA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD SILVERSTEIN, FRED**
 STREET ADDRESS **3400 NE 192ND ST., UNIT 612**
 CITY-ST-ZIP **AVENTURA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD BURRY, SUZANA**
 STREET ADDRESS **34 DONE 192 ST. #904**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME **DIRECTOR BERGRUNN, POLA**
 STREET ADDRESS **3400 N.E. 192ND ST #1406**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE Delete
 NAME **TD TAYLOR, BRIAN**
 STREET ADDRESS **3400 NE 192ND AVE 204**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD HAYES, JAMES P**
 STREET ADDRESS **3400 NE 192ND AVE 505**
 CITY-ST-ZIP **MIAMI FL 33180**

TITLE Change Addition
 NAME **SD TOME, CLAUDIO**
 STREET ADDRESS **3400 N.E. 192ND ST. #1208**
 CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

Morton Weinberger
 MORTON WEINBERGER

2-17-06 305-932-8165