2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90010 048 ****61.25

DOCUMENT # N43797

1. Entity Name

MYSTIC POINTE TOWER 600 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3400 N.E. 192ND STREET AVENTURA FL 33180	3400 N.E. 192ND STREET AVENTURA FL 33180

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/06)

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	7. Name and Address of New Registered Agent
SKRLD, INC. 201 ALHAMBRA CIRCLE STE 1102 CORAL GABLES FL 33134	Name: MYSTIC POINTE TOWER 600-MANAGEMENT OFFICE Street Address (P.O. Box Number is Not Acceptable): 3400 N.E. 192ND STREET City: AVENTURA, FL Zip Code: 33180

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 MYSTIC POINTE TOWER 600, [signature], PRES. 1/22/07

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, 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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEINBERBER, MORTON	NAME	
STREET ADDRESS	3400 NE 192 ST #1809	STREET ADDRESS	
CITY ST ZIP	AVENTURA FL	CITY ST ZIP	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SILVERSTEIN, FRED	NAME	
STREET ADDRESS	3400 NE 192ND ST., UNIT 612	STREET ADDRESS	
CITY ST ZIP	AVENTURA FL	CITY ST ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BERGRUNN, POLA	NAME	
STREET ADDRESS	3400 NE 193ND ST #1406	STREET ADDRESS	
CITY ST ZIP	AVENTURA FL 33180	CITY ST ZIP	
TITLE	TD ☑ Delete	TITLE	☑ Change ☐ Addition
NAME	~~TAYLOR, BRIAN~~	NAME	BARBARA LEEDS
STREET ADDRESS	3400 NE 192ND AVE 204	STREET ADDRESS	3400 N.E. 192ND ST-2111
CITY ST ZIP	AVENTURA FL 33180	CITY ST ZIP	AVENTURA, FL. 33180
TITLE	SD ☑ Delete	TITLE	☑ Change ☐ Addition
NAME	~~TOMEI, CLAUDIO~~	NAME	SONNY LEVITT
STREET ADDRESS	3400 NE 192ND ST #1208	STREET ADDRESS	3400 N.E. 192ND ST-708
CITY ST ZIP	MIAMI FL 33180	CITY ST ZIP	AVENTURA, FL. 33180
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		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: [signature] MORTON L WEINBERGER 1/25/07 (305) 932-4165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #