


#50050-00

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2008 8:00 am Secretary of State

01-30-2008 90031 045 ****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 - No P.O. Box # 3400 N.E. 192ND ST Suite, Apt. #, etc.		3. Mailing Address 3400 N.E. 192ND ST Suite, Apt. #, etc.	
City & State AVENTURA, FL		City & State AVENTURA, FL	
Zip 33180	Country USA	Zip 33180	Country USA
6. Name and Address of Current Registered Agent MYSTIC POINTE TOWER 600-MANAGEMENT OFFICE 3400 NE 192ND STREET MIAMI, FL 33180		7. Name and Address of New Registered Agent Name SKRLD, INC. Street Address (P.O. Box Must Be Indicated) 201 Alhambra Circle, # 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 <i>[Signature]</i> , Secretary 1/25/08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME WEINBERGER, MORTON STREET ADDRESS 3400 NE 192 ST #1809 CITY-ST-ZIP AVENTURA, FL	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MORTON WEINBERGER, MORTON STREET ADDRESS CITY-ST-ZIP	
TITLE VPD NAME SILVERSTEIN, FRED STREET ADDRESS 3400 NE 192ND ST., UNIT 642 CITY-ST-ZIP AVENTURA, FL	<input checked="" type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME TREASURER LEVY, CORI UNIT 910 STREET ADDRESS 3400 N.E. 192ND ST CITY-ST-ZIP AVENTURA, FL 33180	
TITLE S NAME BERGRUNN, POLA STREET ADDRESS 3400 NE 193ND ST #1406 CITY-ST-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME S STREET ADDRESS CITY-ST-ZIP	
TITLE VPD NAME LEEDS, BARBARA STREET ADDRESS 3400 NE 192ND STREET 2111 CITY-ST-ZIP MIAMI, FL 33180	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME VPD STREET ADDRESS CITY-ST-ZIP	
TITLE VPD NAME LEFITT, SONNY STREET ADDRESS 3400 NE 192ND ST 2111 CITY-ST-ZIP MIAMI, FL 33180	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME VPD LEVITT, SONNY STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-10-07	Daytime Phone # 305-9324165

40013730



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0276144 Applied For Not Applicable

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

Filing Fee is \$61.25 Due by May 1, 2008

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

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SIGNATURE: *[Signature]* Date 1-10-07 Daytime Phone # 305-9324165