2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43797

FILED Jaņ 0<u>8, 2</u>009 Secretary of State

Entity Name: MYSTIC POINTE TOWER 600 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3400 NE 192ND ST 3400 NE 192ND ST MIAMI, FL 33180 AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

3400 N.E. 192ND STREET AVENTURA, FL 33180

FEI Number: 65-0276144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SKRLD, INC 201 ALHAMBRA CIR 1102 MIAMI, FL 33134

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete WEINBERGER, MORTON WEINBERGER, MORTON Name: Name: 3400 NE 192 ST #1809 Address: 3400 NE 192ND ST. #1809 Address: City-St-Zip: AVENTURA, FL City-St-Zip:

AVENTURA, FL 33180

Title: () Delete Title: D (X) Change () Addition LEVY, CORI Name: LEVY, CORI Name:

Address: 3400 NE 192ND ST UNIT 910 Address: 3400 NE 192ND ST. # 910

City-St-Zip: MIAMI, FL 33180 City-St-Zip: AVENTURA, FL 33180

Title: () Delete Title: (X) Change () Addition BERGRUNN, POLA BERGGRUN, POLA Name: Name:

3400 NE 193ND ST #1406 3400 NE 192ND ST. #1406 Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180

Title: VPD () Delete Title: VPD (X) Change () Addition Name: LEEDS, BARBARA Name: LEEDS, BARBARA

Address: 3400 NE 192ND STREET 2111 Address: 3400 NE 192ND STREET #2111

MIAMI, FL 33180 City-St-Zip: City-St-Zip: AVENTURA, FL 33180

Title: VPD () Delete Title: (X) Change () Addition

LEVITT, SONNY LEVITT, SONNY Name: Name:

3400 NE 192ND ST 2111 3400 NE 192ND ST. #708 Address: Address: MIAMI, FL 33180 City-St-Zip: City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORTON WEINBERGER P/TR 01/08/2009