

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43797

FILED  
Jan 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3400 NE 192ND ST  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3400 NE 192ND ST  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 65-0276144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SKRLD, INC  
201 ALHAMBRA CIR 1102  
MIAMI, FL 33134 US

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

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:**

Title: PRES  
Name: FAZZAH, EDWARD  
Address: 3400 NE 192ND ST. #1510  
City-St-Zip: AVENTURA, FL 33180

Title: VP  
Name: SEGAL, AKIVA  
Address: 3400 NE 192ND ST. # 806  
City-St-Zip: AVENTURA, FL 33180

Title: S  
Name: BERGGRUN, POLA  
Address: 3400 NE 192ND ST. #1406  
City-St-Zip: AVENTURA, FL 33180

Title: TREA  
Name: SCHWIMMER, RICARDO  
Address: 3400 NE 192ND STREET #502  
City-St-Zip: AVENTURA, FL 33180

Title: D  
Name: LEVITT, SONNY  
Address: 3400 NE 192ND ST. #502  
City-St-Zip: AVENTURA, FL 33180

Title: D  
Name: MANRIQUE, ALBERTO  
Address: 3400 NE 192ND ST. #212  
City-St-Zip: AVENTURA, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: EDWARD FAZZAH

PRES

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date