

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39471

**FILED**  
**Feb 26, 2015**  
**Secretary of State**  
**CC1344983985**

**Entity Name:** MYSTIC POINTE TOWER 400 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3500 MYSTIC POINTE DRIVE  
AVENTURA, FL 33180

**Current Mailing Address:**

3500 MYSTIC POINTE DRIVE  
AVENTURA, FL 33180

**FEI Number:** 65-0205273

**Certificate of Status Desired:** No

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

SKRLD, INC.  
201 ALHAMBRA CIR., SUITE 1102  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title VP  
Name SEGAL, LEON  
Address 3500 MYSTIC POINTE DRIVE  
3701  
City-State-Zip: AVENTURA FL 33180

Title D, DIRECTOR  
Name LEVITZ, ALAN  
Address 3500 MYSTIC POINTE DRIVE  
604  
City-State-Zip: AVENTURA FL 33180

Title S  
Name WILNER, ROBIN  
Address 3500 MYSTIC POINTE DRIVE  
2208  
City-State-Zip: AVENTURA FL 33180

Title T  
Name CARTER, RANDY  
Address 3500 MYSTIC POINTE DR. 2907  
City-State-Zip: AVENTURA FL 33180

Title P  
Name EZRIN, MARTY  
Address 3500 MYSTIC POINTE DRIVE, #1704  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name WINTERMAN, GENE  
Address 3500 MYSTIC POINTE DRIVE  
3407  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name BRAMOW, DELLA  
Address 3500 MYSTIC POINTE DRIVE  
2204  
City-State-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:** MARTY EZRIN

**PRESIDENT**

**02/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date