

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N39471

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

**FILED  
May 10, 2021  
Secretary of State  
9735819922CC**

**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           DIRECTOR  
Name           SIEGEL, LEON  
Address        3500 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title           VP  
Name           REID, DOUG  
Address        3500 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title           PRESIDENT  
Name           CARTER, RANDY  
Address        3500 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title           DIRECTOR  
Name           VALDES, HECTOR  
Address        3500 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title           TREASURER  
Name           REINCHUCK, RODNEY L.  
Address        3500 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title           DIRECTOR  
Name           GREENBERG, MICHAEL  
Address        3500 MYSTIC POINTE DRIVE  
City-State-Zip: AVENTURA FL 33180

Title           SECRETARY  
Name           FABRIKANT, CRAIG  
Address        3500 MYSTIC POINTE DRIVE  
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: RANDY CARTER**

**PRESIDENT**

**05/10/2021**

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

\_\_\_\_\_  
Date