## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39471

Entity Name: MYSTIC POINTE TOWER 400 CONDOMINIUM ASSOCIATION,

INC.

604

Mar 15, 2017 **Secretary of State** CC1656882615

**FILED** 

## **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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

3701

Title ٧P Title SECRETARY Name SEGAL, LEON Name LEVITZ, ALAN

Address 3500 MYSTIC POINTE DRIVE 3500 MYSTIC POINTE DRIVE Address

AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title **PRESIDENT** Title **TREASURER** Name CARTER, RANDY Name EZRIN, MARTY

Address 3500 MYSTIC POINTE DR. 2907 Address 3500 MYSTIC POINTE DRIVE, #1704

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title DIRECTOR Title **DIRECTOR** 

PACHECO DE SILVA . JOSE Name FIELDS, MARTHA Name

3500 MYSTIC POINTE DRIVE Address Address 3500 MYSTIC POINTE DRIVE 3307

City-State-Zip: AVENTURA FL 33180 AVENTURA FL 33180 City-State-Zip:

Title DIRECTOR Name REUVEN, LASK

Address 3500 MYSTIC POINTE DRIVE

4108

2308

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.

03/15/2017 SIGNATURE: ALAN LEVITZ **SECREATRY** 

Electronic Signature of Signing Officer/Director Detail

Date