

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41945

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC4512788389**

**Entity Name:** MYSTIC POINTE TOWER 500 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3530 MYSTIC POINTE DR.  
AVENTURA, FL 33180

**Current Mailing Address:**

C/O CASTLE MANAGEMENT  
12270 SW 3RD STREET 200  
PLANTATION, FL 33325 US

**FEI Number: 65-0036720**

**Certificate of Status Desired: No**

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

DE LA CAMARA , ROSA M  
121 ALHAMBRA PLAZA  
10TH FLOOR  
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: ROSA DE LA CAMARA**

**04/27/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name RON, ALICIA  
Address 3530 MYSTIC POINTE DR. #610  
City-State-Zip: AVENTURA FL 33180

Title SECRETARY, TREASURER  
Name MADSEN, KAREN  
Address 3530 MYSTIC POINTE DR. #409  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name GLICKMAN, MORRIS  
Address 3580 MYSTIC POINTE DRIVE # 702  
City-State-Zip: MIAMI FL 33180

Title VP  
Name ZAMPELLA, PATTY  
Address 3530 MYSTIC POINTE DR #2515  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name MIMOUN, ORIT  
Address 3530 MYSTIC POINTE DR #2615  
City-State-Zip: AVENTURA FL 33180

Title PRESIDENT  
Name SAVINO, VICTOR  
Address 3530 MYSTIC POINTE DRIVE #2712  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name LLARREGUI, CARLOS  
Address 3530 MYSTIC POINTE DRIVE # PH15  
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: VICTOR SAVINO**

**PRESIDENT**

**04/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date