

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43797

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC1103670474**

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

**Current Principal Place of Business:**

3400 NE 192ND ST  
AVENTURA, FL 33180

**Current Mailing Address:**

3400 NE 192ND ST  
AVENTURA, FL 33180

**FEI Number: 65-0276144**

**Certificate of Status Desired: No**

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

SKRLD, INC  
201 ALHAMBRA CIR 1102  
MIAMI, 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           PRES  
Name           FAZZAH, EDWARD  
Address       3400 NE 192ND ST. #1510  
City-State-Zip: AVENTURA FL 33180

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

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

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

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

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

Title           DIRECTOR  
Name           LEEDS, BARBARA  
Address       3400 NE 192 STREET #2111  
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: EDWARD FAZZAH**

**PRESIDENT**

**01/13/2014**

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

\_\_\_\_\_  
Date