## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43797

Entity Name: MYSTIC POINTE TOWER 600 CONDOMINIUM ASSOCIATION,

INC.

**FILED** Jan 23, 2023 **Secretary of State** 7554701961CC

## **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: SKRLD, INC. 01/23/2023

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **DIRECTOR** Title **PRESIDENT** 

Name SCHWIMMER, RICARDO Name SONNY, LEVITT

Address 3400 NE 192ND ST Address 3400 NE 192ND ST. # 708

# 502

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

Title **DIRECTOR** Title **SECRETARY** 

ROCHA DE GOMES FERREIRA, Name Name BERGGRUN, POLA **RODRIGO** 

Address 3400 NE 192ND ST. #1406 Address 3400 NE 192ND ST. # 2109 City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title **DIRECTOR** Title VΡ

Name VON KRAULAND, DANIELA LEVY, CORI Name

3400 NE 192ND ST Address Address 3400 N.E. 192ND STREET

PH-10 #904

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

Title DIRECTOR

Name WEINBERGER, BARRETT

Address 3400 NE 192ND ST

# 1809

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.

01/23/2023 **BOARD PRESIDENT** SIGNATURE: SONNY LEVITT

Electronic Signature of Signing Officer/Director Detail

Date

Date