# 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43797

Entity Name: MYSTIC POINTE TOWER 600 CONDOMINIUM ASSOCIATION,

INC.

**FILED** Apr 24, 2018 **Secretary of State** CC0275631345

### **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 **OFFICER** Title **PRESIDENT** 

Name SCHWIMMER, RICARDO Name SONNY, LEVITT

Address 3400 NE 192ND ST Address 3400 NE 192ND ST. # 708 City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title **TREASURER** Title **SECRETARY** SANCHEZ, JULIO Name BERGGRUN, POLA Name

Address 3400 NE 192ND ST. #1406 Address **3400 NE 192ND STREET** 

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

Title VР Title D

Name LEVY, CORI Name MANRIQUE, ALBERTO

Address 3400 N.E. 192ND STREET 3400 NE 192ND ST. #212 Address

MANAGEMENT OFFICE City-State-Zip: AVENTURA FL 33180

City-State-Zip:

Title **OFFICER** 

MAGRAM, ADRIAN Name Address 3400 NE 192ND ST AVENTURA FL 33180 City-State-Zip:

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: POLA BERGGRUN

**SECRETARY** 

AVENTURA FL 33180

04/24/2018