

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758032 (7)

1. Corporation Name

THE WATERVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% B. J. BRODIE, MGR.
400 N. FLAGLER DR.
W. PALM BEACH FL 33401

% B. J. BRODIE, MGR.
400 N. FLAGLER DR.
W. PALM BEACH FL 33401

3. Date Incorporated or Qualified

08/03/1981

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRODIE, BETTY J.
400 N. FLAGLER DR.
10
W. PALM BEACH FL 33401

81 Name **DONNA A. BASHAR**

82 Street Address (P.O. Box Number is Not Acceptable)
400 N. Flagler Drive

83

84 City **West Palm Beach** **FL** 85 Zip Code **33401**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Donna A. Bashar **DONNA A. BASHAR**

4-15-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **CHRISTOPHER, THOMAS**
STREET ADDRESS **400 N FLAGLER DR 803**
CITY-ST-ZIP **W PALM BCH FL**

1.1 TITLE **DV** ☒ Change ☐ Addition
1.2 NAME **CHRISTOPHER, THOMAS**
1.3 STREET ADDRESS **400 N. Flagler Dr, #803**
1.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **DV** ☐ DELETE
NAME **DORDEN, RITA**
STREET ADDRESS **400 N FLAGLER DR 1606**
CITY-ST-ZIP **W PALM BCH, FL 00000**

2.1 TITLE **DV** ☒ Change ☐ Addition
2.2 NAME **DORSEN, RITA**
2.3 STREET ADDRESS **400 N. Flagler Dr., #1606**
2.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **DV** ☐ DELETE
NAME **BERGMANN, ARTHUR**
STREET ADDRESS **400 N FLAGLER DR 1906**
CITY-ST-ZIP **W PALM BCH, FL 00000**

3.1 TITLE **P** ☒ Change ☐ Addition
3.2 NAME **BERGMANN, ARTHUR**
3.3 STREET ADDRESS **400 N. Flagler Dr., #1906**
3.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **T** ☐ DELETE
NAME **DANIELS, HARVEY**
STREET ADDRESS **400 N FLAGLER DR 1605**
CITY-ST-ZIP **W PALM BCH, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LAZARUS, ARLENE**
STREET ADDRESS **400 N FLAGLER DR 603**
CITY-ST-ZIP **W PALM BCH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **ISENBERG, MARJORIE**
STREET ADDRESS **400 N FLAGLER DR A-6**
CITY-ST-ZIP **W PALM BCH FL**

6.1 TITLE **800001820118** ☐ Change ☐ Addition
6.2 NAME **-05/14/96--01046--016**
6.3 STREET ADDRESS *****61.25**
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rita Dorsen
RITA DORSEN

4-16-96

407-833-5201

Cell

Daytime Phone #

CR2E037 (12/95)