

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRODIE, BETTY J.
400 N. FLAGLER DR.
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 officer 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
Signature, typed or printed name of registered agent and title if applicable

DONNA A. BASHAR

(NOTE: Registered Agent signature required when re-registering)

4-15-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	CHRISTOPHER, THOMAS	
STREET ADDRESS	400 N FLAGLER DR 803	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DORDEN, RITA	
STREET ADDRESS	400 N FLAGLER DR 1606	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BERGMANN, ARTHUR	
STREET ADDRESS	400 N FLAGLER DR 1906	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DANIELS, HARVEY	
STREET ADDRESS	400 N FLAGLER DR 1605	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAZARUS, ARLENE	
STREET ADDRESS	400 N FLAGLER DR 603	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ISENBERG, MARJORIE	
STREET ADDRESS	400 N FLAGLER DR A-6	
CITY-ST-ZIP	W PALM BCH FL	

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	800001820118	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rita Dorsen
RITA DORSEN

4-16-96

DATE

407-833-5201

DAYTIME PHONE #

CR2E037 (12/95)