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Apr 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 758032 (7)

1. Corporation Name

THE WATERVIEW TOWERS CONDOMINIUM ASSOCIATION, IN  
C.

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 33401-43043. Date Incorporated or Qualified  
08/03/19813a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 c/o Donna A. Bashar, Mgr.

26 c/o Donna A. Bashar, Mgr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASHAR, DONNA A.  
400 N. FLAGLER DR.  
# 803  
W. PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Manager's Office

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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, Manager

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

(NOTE: Registered Agent signature required when reinstating)

April 11, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☒ DELETE  
NAME CHRISTOPHER, THOMAS  
STREET ADDRESS 400 NORTH FLAGLER DRIVE #803  
CITY-ST-ZIP WEST PALM BEACH FL 334011.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Anthony Leggett  
1.3 STREET ADDRESS 400 North Flagler Drive #702/#703  
1.4 CITY-ST-ZIP West Palm Beach, FL 33401TITLE DV ☐ DELETE  
NAME DORSEN, RITA  
STREET ADDRESS 400 NORTH FLAGLER DRIVE #1806  
CITY-ST-ZIP WEST PALM BEACH FL 334012.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE P ☐ DELETE  
NAME BERGMANN, ARTHUR  
STREET ADDRESS 400 NORTH FLAGLER DRIVE #1906  
CITY-ST-ZIP WEST PALM BEACH FL 334013.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE T ☐ DELETE  
NAME DANIELS, HARVEY  
STREET ADDRESS 400 N FLAGLER DR 1605  
CITY-ST-ZIP W PALM BCH, FL 000004.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP West Palm Beach, FL 33401TITLE D ☒ DELETE  
NAME LAZARUS, ARLENE  
STREET ADDRESS 400 N FLAGLER DR 603  
CITY-ST-ZIP W PALM BCH FL5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME Jane McGregor  
5.3 STREET ADDRESS 400 North Flagler Drive #2201  
5.4 CITY-ST-ZIP West Palm Beach, FL 33401TITLE S ☐ DELETE  
NAME ISENBERG, MARJORIE  
STREET ADDRESS 400 N FLAGLER DR A-6  
CITY-ST-ZIP W PALM BCH FL6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP West Palm Beach, FL 33401

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

April 11, 1997

561-833-5201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038081

CR2E037 (9/96)