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**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90113 043 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758032**

1. Corporation Name  
**THE WATERVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business %DONNA A BASHAR, MGR 400 N. FLAGLER DR. W. PALM BEACH FL 33401 US	Mailing Address %DONNA A BASHAR, MGR 400 N. FLAGLER DR. W. PALM BEACH FL 33401 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/03/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2113086
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BASHAR, DONNA A.  
 400 N. FLAGLER DR.  
 MANAGER'S OFFICE  
 W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER, THOMAS W	1.2 NAME	
STREET ADDRESS	400 N FLAGLER DR, #803	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSEN, RITA	2.2 NAME	
STREET ADDRESS	400 NORTH FLAGLER DRIVE #1606	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGMANN, ARTHUR	3.2 NAME	
STREET ADDRESS	400 NORTH FLAGLER DRIVE #1906	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPP, C. R.	4.2 NAME	
STREET ADDRESS	400 N FLAGLER DR, #1701	4.3 STREET ADDRESS	400 N. FLAGLER DRIVE, #A-5
CITY-ST-ZIP	W PALM BCH, FL 00000 33401	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGREGOR, JANE	5.2 NAME	SANFORD I. ROSEN
STREET ADDRESS	400 N FLAGLER DR 2201	5.3 STREET ADDRESS	400 N. FLAGLER DR., #1004
CITY-ST-ZIP	WEST PALM BEACH FL 33401	5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISENBERG, MARJORIE	6.2 NAME	
STREET ADDRESS	400 N FLAGLER DR A-6	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	6.4 CITY-ST-ZIP	

14. I 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, 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas W. Christopher* 4/7/99 561-833-5201  
 THOMAS W. CHRISTOPHER, DIRECTOR AND VICE PRES  
 Date Daytime Phone #

CR2E037-(1/198)