

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90095 011 ****61.25

DOCUMENT # 758032

1. Entity Name

THE WATERVIEW TOWERS CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

%DONNA A BASHAR, MGR
 400 N. FLAGLER DR.
 W. PALM BEACH FL 33401
 US

%DONNA A BASHAR, MGR
 400 N. FLAGLER DR.
 W. PALM BEACH FL 33401-4304
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2113086

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Thomas W Christopher

THOMAS W. CHRISTOPHER

4/13/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** Delete
 NAME **CHRISTOPHER, THOMAS W**
 STREET ADDRESS **400 N FLAGLER DR, #803**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **PRESIDENT** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **DORSEN, RITA**
 STREET ADDRESS **400 NORTH FLAGLER DRIVE #1606**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **DV** Change Addition
 NAME **KELLY, GLORIA**
 STREET ADDRESS **400 NORTH FLAGLER #602**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **P** Delete
 NAME **BERGMANN, ARTHUR**
 STREET ADDRESS **400 NORTH FLAGLER DRIVE #1906**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **DIRECTOR** Change Addition
 NAME **NOVEMBER, ROBERT**
 STREET ADDRESS **400 NORTH FLAGLER DRIVE #1405**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **T** Delete
 NAME **KOPP, C. R.**
 STREET ADDRESS **400 N FLAGLER DR. #A5**
 CITY-ST-ZIP **W PALM BEACH FL 33401**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **ROSEN, STANFORD I**
 STREET ADDRESS **400 N. FLAGLER DR. #1004**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VICE PRESIDENT - SECRETARY** Change Addition
 NAME **ROSEN, SANFORD**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas W Christopher
THOMAS W. CHRISTOPHER

4/13/00

833-5201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)