

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758032

1. Entity Name

THE WATERVIEW TOWERS CONDOMINIUM ASSOCIATION, IN

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

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

Principal Place of Business <b>%DONNA A BASHAR, MGR</b> <b>400 N. FLAGLER DR.</b> <b>W. PALM BEACH FL 33401</b> <b>US</b>	Mailing Address <b>%DONNA A BASHAR, MGR</b> <b>400 N. FLAGLER DR.</b> <b>W. PALM BEACH FL 33401-4304</b> <b>US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2113086</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BASHAR, DONNA A.</b> <b>400 N. FLAGLER DR.</b> <b>MANAGER'S OFFICE</b> <b>W. PALM BEACH FL 33401</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 <i>Thomas W Christopher</i> Signature, typed or printed name of registered agent and title if applicable.	<b>THOMAS W. CHRISTOPHER</b> (NOTE: Registered Agent signature required when reinstating)	<b>4/13/00</b> DATE
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<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>CHRISTOPHER, THOMAS W</b> <b>400 N FLAGLER DR, #803</b> <b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>DORSEN, RITA</b> <b>400 NORTH FLAGLER DRIVE #1606</b> <b>WEST PALM BEACH FL 33401</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>KELLY, GLORIA</b> <b>400 NORTH FLAGLER #602</b> <b>WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BERGMANN, ARTHUR</b> <b>400 NORTH FLAGLER DRIVE #1906</b> <b>WEST PALM BEACH FL 33401</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>NOVEMBER, ROBERT</b> <b>400 NORTH FLAGLER DRIVE #1405</b> <b>WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KOPP, C. R.</b> <b>400 N FLAGLER DR. #A5</b> <b>W PALM BEACH FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ROSEN, STANFORD I</b> <b>400 N. FLAGLER DR. #1004</b> <b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT - SECRETARY</b> <b>ROSEN, SANFORD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ISENBERG, MARJORIE</b> <b>400 N FLAGLER DR A-6</b> <b>W PALM BCH FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Thomas W Christopher</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4/13/00</b> Date	<b>833-5201</b> Daytime Phone #
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CR2E037 (9/99)