

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90141 019 \*\*\*\*61.25

**DOCUMENT # 758032**

1. Entity Name

**THE WATERVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.**

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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2113086**

Applied For

Not Applicable

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

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	<input checked="" type="checkbox"/> Delete
NAME	CHRISTOPHER, THOMAS W	
STREET ADDRESS	400 N FLAGLER DR, #803	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KELLEY, GLORIA	
STREET ADDRESS	400 N. FLAGLER DR., #602	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BERGMANN, ARTHUR	
STREET ADDRESS	400 NORTH FLAGLER DRIVE #1906	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KOPP, C. R.	
STREET ADDRESS	400 N FLAGLER DR. #A5	
CITY-ST-ZIP	W PALM BEACH FL 33401	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSEN, STANFORD I	
STREET ADDRESS	400 N. FLAGLER DR. #1004	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irato, Albert	
STREET ADDRESS	400 North Flagler Drive, #1602	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelley, Gloria	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Neill, Thomas	
STREET ADDRESS	<del>400 North Flagler Drive, #802</del>	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas, Michael	
STREET ADDRESS	400 North Flagler Drive, #2302	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosen, Sanford	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02 561-833-5202