

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758032

FILED
Mar 06, 2009
Secretary of State

Entity Name: THE WATERVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2113086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IRATO, ALBERT
Address: 400 NORTH FLAGLER DRIVE, #1602
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPS () Delete
Name: O'NEILL, THOMAS
Address: 400 NORTH FLAGLER DRIVE, #802
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD () Delete
Name: KLEIN, LINGARD
Address: 400 N. FLAGLER DR. #C-4
City-St-Zip: W PALM BEACH, FL 33401

Title: D () Delete
Name: WARNER, LAURA
Address: 400 N FLAGLER DR #1601
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: THOMAS, MICHAEL D
Address: 400 N FLAGLER DRIVE #702
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WARNER, LAURA
Address: 400 N FLAGLER DR #1601
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change () Addition
Name: SHUGARMAN, RICHARD
Address: 400 N FLAGLER DRIVE #702
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS O'NEILL

VPS

03/06/2009

Electronic Signature of Signing Officer or Director

Date