

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 758108 (5)

1. Corporation Name

WATERVIEW CONDOMINIUM ASSOCIATION, INC. OF AVENTURA



Principal Place of Business

Mailing Address

20505 E. COUNTRY CLUB DR.  
MIAMI FL 33180

20505 E. COUNTRY CLUB DR.  
MIAMI FL 33180

3. Date Incorporated or Qualified  
10/30/1981

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-2071384

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS MGMT & REALTY CO  
1885 NE 149 St  
MIAMI FL 33181

81 Name  
Roberts Management & Realty Co., Inc.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1840 NE 153rd Street  
83  
84 City  
North Miami Beach FL 85 Zip Code  
33162

11. Pursuant to the provisions of Sections 617.0502 and 617.508, 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

Signature, typed or printed name of registered agent and the date applicable

NOTE: Registered Agent signature required when reinstating

DATE

| 12. OFFICERS AND DIRECTORS |                                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                 |
|----------------------------|-------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE                      | XP <input type="checkbox"/> DELETE        | 11 TITLE                                              | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <del>HECHT, STEVEN</del>                  | 12 NAME                                               | Schwartz, Sydel                                                                 |
| STREET ADDRESS             | <del>20515 E. COUNTRY CLUB DR #1548</del> | 13 STREET ADDRESS                                     | 20515 E. Country Club Dr. #PH41                                                 |
| CITY-ST-ZIP                | <del>AVENTURA FL</del>                    | 14 CITY-ST-ZIP                                        | Aventura, FL 33180                                                              |
| TITLE                      | VP <input type="checkbox"/> DELETE        | 21 TITLE                                              | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <del>SCHWARTZ, SYDELL</del>               | 22 NAME                                               | Sidel, Hy                                                                       |
| STREET ADDRESS             | <del>20515 E. COUNTRY CLUB DR #PH41</del> | 23 STREET ADDRESS                                     | 20515 E. Country Club Dr. #249                                                  |
| CITY-ST-ZIP                | <del>AVENTURA FL</del>                    | 24 CITY-ST-ZIP                                        | Aventura, FL 33180                                                              |
| TITLE                      | TS <input type="checkbox"/> DELETE        | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | SELEVAN, MARILYN                          | 32 NAME                                               |                                                                                 |
| STREET ADDRESS             | 20505 E. COUNTRY CLUB DR. #2038           | 33 STREET ADDRESS                                     |                                                                                 |
| CITY-ST-ZIP                | AVENTURA FL                               | 34 CITY-ST-ZIP                                        |                                                                                 |
| TITLE                      | ATX <input type="checkbox"/> DELETE       | 41 TITLE                                              | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <del>SIDEL, HY</del>                      | 42 NAME                                               | Kesselman, Harry                                                                |
| STREET ADDRESS             | <del>20515 E. COUNTRY CLUB DR #249</del>  | 43 STREET ADDRESS                                     | 20515 E. Country Club Dr. #246                                                  |
| CITY-ST-ZIP                | <del>AVENTURA FL</del>                    | 44 CITY-ST-ZIP                                        | Aventura, FL 33180                                                              |
| TITLE                      | D <input type="checkbox"/> DELETE         | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | COHEN, ROBERT                             | 52 NAME                                               |                                                                                 |
| STREET ADDRESS             | 2050 E COUNTRY CLUB DR #1831              | 53 STREET ADDRESS                                     |                                                                                 |
| CITY-ST-ZIP                | AVENTURA FL                               | 54 CITY-ST-ZIP                                        |                                                                                 |
| TITLE                      | D <input type="checkbox"/> DELETE         | 61 TITLE                                              | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | <del>VENKUBAUM, DAN</del>                 | 62 NAME                                               | Blank, Bill                                                                     |
| STREET ADDRESS             | <del>20515 E. COUNTRY CLUB DR #2038</del> | 63 STREET ADDRESS                                     | 20515 E. Country Club Dr. #844                                                  |
| CITY-ST-ZIP                | <del>AVENTURA FL</del>                    | 64 CITY-ST-ZIP                                        | Aventura, FL 33180                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYDELL SCHWARTZ

2/9/96

(305) 935-4541  
Daytime Phone #

CR2E037 (12/95)

# WATERVIEW



## ADDITIONAL BOARD MEMBERS

D  
Kisver, Joan  
20515 E. Country Club Dr. - #741  
Aventura, Fl 33180

D  
Lytle, Betty  
20515 E. Country Club Dr. - #544  
Aventura, Fl 33180

D  
Grizzard, Andrew  
20515 E. Country Club Dr. - #248  
Aventura, Fl 33180