

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90051 034 ****61.25

004178

DOCUMENT # 758108

1. Entity Name

WATERVIEW CONDOMINIUM ASSOCIATION, INC. OF AVENT

Principal Place of Business

Mailing Address

20505 E. COUNTRY CLUB DR.
 MIAMI FL 33180

20505 E. COUNTRY CLUB DR.
 MIAMI FL 33180

00026167



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2071384

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

ROBERTS MGMT & REALTY CO. INC.
1840 NE 153RD STREET
N. MIAMI BEACH FL 33162

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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | SCHWARTZ, SYDELL | |
| STREET ADDRESS | 20515 E COUNTRY CLUB DRIVE PH41 | |
| CITY-ST-ZIP | AVENTURA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SIDEL, HY | |
| STREET ADDRESS | 20515 E COUNTRY CLUB DRIVE 249 | |
| CITY-ST-ZIP | AVENTURA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KIRSON, HIRAM | |
| STREET ADDRESS | 20505 E. COUNTRY CLUB DR. #2038 | |
| CITY-ST-ZIP | AVENTURA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KESSELMAN, HARRY | |
| STREET ADDRESS | 20515 E COUNTRY CLUB DRIVE 246 | |
| CITY-ST-ZIP | AVENTURA FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | COHEN, ROBERT | |
| STREET ADDRESS | 2050 E COUNTRY CLUB DR #1831 | |
| CITY-ST-ZIP | AVENTURA FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | KISVER, JOAN | |
| STREET ADDRESS | 20515 E. COUNTRY CLUB DR, #741 | |
| CITY-ST-ZIP | AVENTURA FL | |

| | | |
|----------------|---------------------------------|--|
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SHUMAN, JEROME | |
| STREET ADDRESS | 20515 E. COUNTRY CLUB DR. #1747 | |
| CITY-ST-ZIP | AVENTURA FL 33180 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BUZZYNER, GIDEON | |
| STREET ADDRESS | 20515 E. COUNTRY CLUB DR. #1448 | |
| CITY-ST-ZIP | AVENTURA, FL 33180 | |
| TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CORRIGAN, THOMAS | |
| STREET ADDRESS | 20515 E. COUNTRY CLUB DR. #1144 | |
| CITY-ST-ZIP | AVENTURA FL 33180 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LONDON, BARBARA | |
| STREET ADDRESS | 20505 E. COUNTRY CLUB DR. #138 | |
| CITY-ST-ZIP | AVENTURA FL 33180 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HEIMSOHN, JOEL | |
| STREET ADDRESS | 20505 E. COUNTRY CLUB DR. #1833 | |
| CITY-ST-ZIP | AVENTURA FL 33180 | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEROME SHUMAN

2/28/01 (305) 934-4541

CR2E037 (10/00)