

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749088

**Entity Name:** GABLES WATERWAY TOWERS ASSOCIATION, INC.

**Current Principal Place of Business:**

90 EDGEWATER DRIVE  
CORAL GABLES, FL 33133

**Current Mailing Address:**

90 EDGEWATER DRIVE  
CORAL GABLES, FL 33133 US

**FEI Number:** 59-2015509

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIEGFRIED RIVERA  
201 ALHAMBRA CIRCLE  
11TH FLOOR  
CORAL GABLES, FL 33134 US

*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:** CHERE TRIGG

04/18/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            REICH, OTTO  
Address        90 EDGEWATER DR  
City-State-Zip: CORAL GABLES FL 33133

Title            DIRECTOR  
Name            CHEN, VINCENT  
Address        90 EDGEWATER DRIVE  
City-State-Zip: CORAL GABLES FL 33133

Title            SECRETARY  
Name            BADO , KRISTINA  
Address        90 EDGEWATER DRIVE  
City-State-Zip: CORAL GABLES FL 33133

Title            DIRECTOR  
Name            STEIN, BERNARD  
Address        90 EDGEWATER DRIVE  
City-State-Zip: CORAL GABLES FL 33133

Title            TREASURER  
Name            BERWICK, STEVEN  
Address        90 EDGEWATER DRIVE  
City-State-Zip: CORAL GABLES FL 33133

Title            VP  
Name            FERRERO, RICHARD M  
Address        90 EDGEWATER DR  
City-State-Zip: CORAL GABLES FL 33133

Title            DIRECTOR  
Name            ROTHSTEIN, PETER  
Address        90 EDGEWATER DR  
City-State-Zip: CORAL GABLES FL 33133

*I hereby 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 all other like empowered.*

**SIGNATURE:** KRISTINA BADO

SECRETARY

04/18/2023

Electronic Signature of Signing Officer/Director Detail

Date