2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 758032

Entity Name: THE WATERVIEW TOWERS CONDOMINIUM ASSOCIATION,

INC

Current Principal Place of Business:

400 NORTH FLAGLER DRIVE ATTN: MANAGER'S OFFICE WEST PALM BEACH, FL 33401

Current Mailing Address:

400 NORTH FLAGLER DRIVE ATTN: MANAGER'S OFFICE

WEST PALM BEACH, FL 33401 US

FEI Number: 59-2113086 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RAFFEL, BETTY M MANAGER 400 NORTH FLAGLER DRIVE MANAGER'S OFFICE WEST PALM BEACH, FL 33401 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: BETTY RAFFEL 03/16/2015

Electronic Signature of Registered Agent Date

Title

Title

FILED

Mar 16, 2015

Secretary of State CC7984658552

Officer/Director Detail:

Title VICE PRESIDENT, DIRECTOR, Title TREASURER, DIRECTOR, OFFICER

OFFICER Name BOSSMAN, HELEN

Name SHERMAN, TRACY
Address 400 NORTH FLAGLER DRIVE, #1606

Address 400 NORTH FLAGLER DRIVE, #C3

City-State-Zip: WEST PALM BEACH FL 33401

City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR Title SECRETARY, DIRECTOR, OFFICER
Name O'NEILL, THOMAS

Name GILDEA, JOHN Address 400 NORTH FLAGLER DR ,#1602

Address 400 NORTH FLAGLER DR. #1405

City-State-Zip: WEST PALM BEACH FL 33401

Title PRESIDENT, DIRECTOR, OFFICER Name CHASE, CHERYL

Name WALDMAN, JERRY

Address 225 ASYLUM STREET, 29TH FLOOR
Address 400 NORTH FLAGLER DRIVE #D2 City-State-Zip: HARTFORD CT 06103-1538

City-State-Zip: WEST PALM BEACH FL 33401

Title C-1, DIRECTOR Name REDDING, JOHN

Name MELLITZ, JONATHAN Address 225 ASYLUM STREET, 29TH FLOOR

Address 225 ASYLUM STREET, 29TH FLOOR City-State-Zip: HARTFORD CT 06103-1538

City-State-Zip: HARTFORD CT 06103-1538

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C-1 DIRECTOR

C-2, DIRECTOR

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: TRACY SHERMAN VICE PRESIDENT 03/16/2015

Officer/Director Detail Continued:

Title C-2 DIRECTOR
Name CHASE, WILLIAM

Address 225 ASYLUM STREET, 29TH FLOOR

City-State-Zip: HARTFORD CT 06103-1538