SIGNATURE: SARAH IRATO DIRECTOR

Electronic Signature of Signing Officer/Director Detail

2021 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

Name and Address of Current Registered Agent:

KAYE BENDER REMBAUM, P.L. 1200 PARK CENTRAL BLVD., SOUTH POMPANO BEACH, FL 33064 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: JEFFREY A. REMBAUM 08/20/2				
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DIRECTOR	Title	SECRETARY/ DIRECTOR	
Name	IRATO, SARAH	Name	BOSSMAN, HELEN	
Address	400 NORTH FLAGLER DRIVE	Address	400 NORTH FLAGLER DRIVE	
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401	
Title	VICE PRESIDENT/DIRECTOR	Title	TREASURER	
Name	SINNI, RICHARD J.	Name	MENGEL, PHILIP	
Address	400 NORTH FLAGLER DR.	Address	400 NORTH FLAGLER DR.	
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401	
Title	PRESIDENT, DIRECTOR	Title	C-1 DIRECTOR	
Name	MONAHAN, ROBERT J. JR.	Name	CHASE, CHERYL	
Address	400 NORTH FLAGLER DRIVE	Address	225 ASYLUM STREET, 29TH FL	OOR
City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	HARTFORD CT 06103-1538	
Title	C-1, DIRECTOR	Title	C-2, DIRECTOR	
Name	MELLITZ, JONATHAN	Name	REDDING, JOHN	
Address	225 ASYLUM STREET, 29TH FLOOR	Address	225 ASYLUM STREET, 29TH FL	OOR
City-State-Zip:	HARTFORD CT 06103-1538	City-State-Zip:	HARTFORD CT 06103-1538	

Continues on page 2

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.

08/20/2021

Certificate of Status Desired: No

FILED Aug 20, 2021 Secretary of State 8987302229CC

Officer/Director Detail Continued :

Title	C-2 DIRECTOR
Name	CHASE, WILLIAM
Address	225 ASYLUM STREET, 29TH FLOOR
City-State-Zip:	HARTFORD CT 06103-1538