

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758032

FILED
Jan 29, 2024
Secretary of State
5383826943CC

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: No

Name and Address of Current Registered Agent:

BECKER AND POLIAKOFF
1 EAST BROWARD BLVD.
SUITE 1800
FT. LAUDERDALE, FL 33301 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: VALERIE FORESE

01/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name IRATO, SARAH
Address 400 NORTH FLAGLER DRIVE
City-State-Zip: WEST PALM BEACH FL 33401

Title SECRETARY/ DIRECTOR
Name BOSSMAN, HELEN
Address 400 NORTH FLAGLER DRIVE
City-State-Zip: WEST PALM BEACH FL 33401

Title VICE PRESIDENT/DIRECTOR
Name SINNI, RICHARD J.
Address 400 NORTH FLAGLER DR.
City-State-Zip: WEST PALM BEACH FL 33401

Title TREASURER
Name MENGEL, PHILIP
Address 400 NORTH FLAGLER DR.
City-State-Zip: WEST PALM BEACH FL 33401

Title PRESIDENT, DIRECTOR
Name MONAHAN, ROBERT J. JR.
Address 400 NORTH FLAGLER DRIVE
City-State-Zip: WEST PALM BEACH FL 33401

Title C-1 DIRECTOR
Name CHASE, CHERYL
Address 225 ASYLUM STREET, 29TH FLOOR
City-State-Zip: HARTFORD CT 06103-1538

Title C-1, DIRECTOR
Name DUBREUIL , LISA
Address 225 ASYLUM STREET, 29TH FLOOR
City-State-Zip: HARTFORD CT 06103-1538

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

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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: MENGEL , PHILIP

TREASURER

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title C-2 DIRECTOR

Name CHASE, WILLIAM

Address 225 ASYLUM STREET, 29TH FLOOR

City-State-Zip: HARTFORD CT 06103-1538