

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758032

FILED
May 07, 2020
Secretary of State
1232244925CC**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:**CARI A. PODESTA, P.A.
11382 PROSPERITY FARMS ROAD, SUITE 227
PALM BEACH GARDENS, FL 33410 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:** CARI A. PODESTA

05/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SENIOR VICE PRESIDENT/ DIRECTOR
Name PARKER, MELISSA D.
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 KLEIN, CHUCK
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 MELLITZ, JONATHAN
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: HELEN BOSSMAN**SECRETARY**

05/07/2020

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