

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758032

**Entity Name:** THE WATERVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Jul 14, 2022**  
**Secretary of State**  
**6596756792CC****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****07/14/2022**

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** VICE PRESIDENT/DIRECTOR  
**Name** SINNI, RICHARD J.  
**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** MELLITZ, JONATHAN  
**Address** 225 ASYLUM STREET, 29TH FLOOR  
**City-State-Zip:** HARTFORD CT 06103-1538**Title** SECRETARY/ DIRECTOR  
**Name** BOSSMAN, HELEN  
**Address** 400 NORTH FLAGLER DRIVE  
**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** C-1 DIRECTOR  
**Name** CHASE, CHERYL  
**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**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.

**SIGNATURE: PHILIP MENGEL****DIRECTOR****07/14/2022**

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