

**2014 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

05/20/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHERMAN, TRACY  
Address        400 NORTH FLAGLER DRIVE, #C3  
City-State-Zip: WEST PALM BEACH FL 33401

Title            TREASURER, DIRECTOR  
Name            GILDEA, JOHN  
Address        400 NORTH FLAGLER DR. #1405  
City-State-Zip: WEST PALM BEACH FL 33401

Title            VICE PRESIDENT, DIRECTOR  
Name            WALDMAN, JERRY  
Address        400 NORTH FLAGLER DRIVE #D2  
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            O'NEILL, THOMAS  
Address        400 NORTH FLAGLER DRIVE, #802  
City-State-Zip: WEST PALM BEACH FL 33401

Title            DIRECTOR  
Name            MEYER, CHARLES  
Address        400 NORTH FLAGLER DR ,#1504  
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

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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:** TRACY SHERMAN

ORESIDENT

05/20/2014

**Officer/Director Detail Continued :**

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