

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 758032

**Entity Name:** THE WATERVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Oct 06, 2015**  
**Secretary of State**  
**CC2573395813**

**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**

**10/06/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KLEIN, CHARLES  
Address 400 NORTH FLAGLER DRIVE, #2006  
City-State-Zip: WEST PALM BEACH FL 33401

Title TREASURER, DIRECTOR, OFFICER  
Name BOSSMAN, HELEN  
Address 400 NORTH FLAGLER DRIVE, #1606  
City-State-Zip: WEST PALM BEACH FL 33401

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

Title DIRECTOR  
Name PARKER, MELISSA  
Address 400 NORTH FLAGLER DR ,#705  
City-State-Zip: WEST PALM BEACH FL 33401

Title PRESIDENT, DIRECTOR, OFFICER  
Name WALDMAN, JERRY  
Address 400 NORTH FLAGLER DRIVE #D2  
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: JERRY WALDMAN**

**PRESIDENT**

**10/06/2015**

**Officer/Director Detail Continued :**

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