

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758032

**FILED**  
**May 10, 2019**  
**Secretary of State**  
**2306254249CC****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

05/10/2019

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

**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:** HELEN BOSSMAN**SECRETARY**

05/10/2019

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        |