DOCUMENT# 758108
Entity Name: WATERVIEW CONDOMINIUM ASSOCIATION, INC. OF AVENTURA
Current Principal Place of Business:

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

20505 E. COUNTRY CLUB DR. AVENTURA, FL 33180

Current Mailing Address:

20505 E. COUNTRY CLUB DR. AVENTURA, FL 33180

FEI Number: 59-2557138

Name and Address of Current Registered Agent:

SKRLD, INC. 201 ALHAMBRA CIRCLE, 11TH FLOOR CORAL GABLES, FL 33134 US Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Director Detail :					
Title	PRES	Title	SEC		
Name	TOPAZ, DORON	Name	ALTMAN, LOIS		
Address	20515 E COUNTRY CLUV DR #1846	Address	20515 E. COUNTRY CLUB DR. #2249		
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180		
Title	VP	Title	DIRECTOR		
Name	EDELMAN, PAUL	Name	MILLER, RICK		
Address	20515 E. COUNTRY CLUB DRIVE #848	Address	20515 EAST COUNTRY CLUB DRIVE 443		
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180		
Title	TREASURER	Title	DIRECTOR		
Name	ARAZIE, LEON	Name	LEVIEN, JEROME		
Address	20515 EAST COUNTRY CLUB DRIVE 1046	Address	20505 E COUNTRY CLUB DRIVE 1134		
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180		
Title	ASST. SECRETARY	Title	DIRECTOR		
Name	VAZQUEZ, FELIX	Name	MOLAN, ROBIN		
Address	20505 E COUNTRY CLUB DRIVE 832	Address	20505 E COUNTRY CLUB DRIVE 938		
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180		

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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	PRESIDENT	02/01/2017
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Electronic Signature of Signing Officer/Director Detail

FILED Feb 01, 2017 Secretary of State CC4151444218

Date

Date

Officer/Director Detail Continued :

Title	DIRECTOR	
Name	COHEN, ROBERT	
Address	20505 E COUNTRY CLUB DRIVE 1831	
City-State-Zip:	AVENTURA FL 33180	