2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758108

Entity Name: WATERVIEW CONDOMINIUM ASSOCIATION, INC. OF

AVENTURA

Current Principal Place of Business:

20505 E. COUNTRY CLUB DR. AVENTURA, FL 33180

Current Mailing Address:

20505 E. COUNTRY CLUB DR. AVENTURA, FL 33180

FEI Number: 59-2557138 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

201 ALHAMBRA CIRCLE, 11TH FLOOR CORAL GABLES, FL 33134 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: GARY M. MARS, ESQ.

01/24/2020

FILED Jan 24, 2020

Secretary of State

0328381275CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name CASSA, DENNIS Name OSLAND, GARY

Address 20505 E. COUNTRY CLUB DR. Address 20505 E. COUNTRY CLUB DR.

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

TREASURER Title **SECRETARY** Title

KRYPELL, MARLA Name ROBBINS, ADAM D Name

Address 20505 E. COUNTRY CLUB DR. Address 20505 E. COUNTRY CLUB DR.

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title **DIRECTOR** Title ASSISTANT SECRETARY

Name VACCA, ERNEST J. JR. Name HAMLIN, FAITH

Address 20505 E. COUNTRY CLUB DR. 20505 E. COUNTRY CLUB DR. Address

City-State-Zip: AVENTURA FL 33180 AVENTURA FL 33180 City-State-Zip:

DIRECTOR Title Title **DIRECTOR**

Name COHEN, ROBERT ALTMAN, LOIS Name

Address 20505 E. COUNTRY CLUB DR. Address 20505 E. COUNTRY CLUB DR.

AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180 City-State-Zip:

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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: CASSA, DENNIS

PRESIDENT

01/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP

Name MOLAN, ROBIN

Address 20505 E. COUNTRY CLUB DR.

City-State-Zip: AVENTURA FL 33180