

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758108

**FILED**  
**Feb 08, 2016**  
**Secretary of State**  
**CC7156096893**

**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:**

SKRLD, INC.  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRES  
Name           TOPAZ, DORON  
Address       20515 E COUNTRY CLUV DR #1846  
City-State-Zip: AVENTURA FL 33180

Title           VP  
Name           ROBBINS, ADAM  
Address       20515 E. COUNTRY CLUB DR #1245  
City-State-Zip: AVENTURA FL 33180

Title           SEC  
Name           ALTMAN, LOIS  
Address       20515 E. COUNTRY CLUB DR. #2249  
City-State-Zip: AVENTURA FL 33180

Title           TREASURER  
Name           CASSA, DENNIS  
Address       20515 E COUNTRY CLUB DR #1442  
City-State-Zip: AVENTURA FL 33180

Title           DIRECTOR  
Name           EDELMAN, PAUL  
Address       20515 E. COUNTRY CLUB DRIVE #848  
City-State-Zip: AVENTURA FL 33180

Title           DIRECTOR  
Name           MILLER, RICK  
Address       20515 EAST COUNTRY CLUB  
DRIVE#433  
City-State-Zip: AVENTURA FL 33180

Title           DIRECTOR  
Name           ARAZIE, LEON  
Address       20515 EAST COUNTRY CLUB DRIVE  
1046  
City-State-Zip: AVENTURA FL 33180

Title           DIRECTOR  
Name           HONOWITZ, DARYL  
Address       20515 EAST COUNTRY CLUB DRIVE  
549  
City-State-Zip: AVENTURA FL 33180

**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: DORON TOPAZ**

**PRESIDENT**

**02/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name LEVIEN, JEROME  
Address 20505 E COUNTRY CLUB DRIVE  
1134  
City-State-Zip: AVENTURA FL 33180