

2015 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:**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 CLUB DR #1846
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 DIRECTOR
Name RICCOSSA, CHERYL
Address 20515 E. COUNTRY CLUB DRIVE
#1542
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 VP
Name ROBBINS, ADAM
Address 20515 E. COUNTRY CLUB DR #1245
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 MILLER, RICK
Address 20515 EAST COUNTRY CLUB
DRIVE#433
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name MOLAN, ROBIN
Address 20505 EAST COUNTRY CLUB DRIVE
938
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: DORON TOPAZ**PRESIDENT****01/23/2015**

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