

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001840

**Entity Name:** ONE WATERMARK PLACE OF THE PALM BEACHES  
CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

622 N FLAGLER DR  
STE 2000  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

622 N FLAGLER DR  
STE 2000  
WEST PALM BEACH, FL 33401

**FEI Number:** 86-1052769

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WARD, DAMON & POSNER  
4420 BEACON CIRCLE  
WEST PALM BEACH, FL 33407 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 3VO  
Name JIAMPIETRO, JOSEPH  
Address 622 N FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title 2VO  
Name LEVY, IRWIN  
Address 622 N FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title VO  
Name HOFFMAN, ASHLEY  
Address 622 N FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title TO  
Name SULLIVAN, MICHAEL  
Address 622 N FLAGLER DRIVE  
City-State-Zip: WEST PALM BEACH FL 33401

Title SO  
Name GIGLIOTTI, CAROLE  
Address 622 N FLAGLER DRIVE  
#704  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** MICHAEL SULLIVAN

**TO**

**01/09/2013**

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

\_\_\_\_\_  
Date