

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29416

Entity Name: WATERSIDE VILLAGE OF PALM BEACH, CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**132 WATERSIDE DR.
HYPOLUXO, FL 33462**Current Mailing Address:**132 WATERSIDE DR.
HYPOLUXO, FL 33462 US**FEI Number: 65-0118157****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
625 NORTH FLAGLER DRIVE - 7TH FLOOR
WEST PALM BEACH, FL 33401 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	PRESIDENT
Name	MONGRAIN, ANDRE
Address	721 WATERSIDE DRIVE
City-State-Zip:	HYPOLUXO FL 33462

Title	SECRETARY
Name	GOYETTE, JEAN-CLAUDE
Address	335 WATERSIDE DRIVE
City-State-Zip:	HYPOLUXO FL 33462

Title	VP
Name	CADIEUX, NORMAND
Address	409 WATERSIDE DRIVE
City-State-Zip:	HYPOLUXO FL 33462

Title	DIRECTOR
Name	POISSANT, CELINE
Address	730 WATERSIDE DRIVE
City-State-Zip:	HYPOLUXO FL 33462

Title	DIRECTOR
Name	PETRESCU, MARIAN
Address	203 WATERSIDE DRIVE
City-State-Zip:	HYPOLUXO FL 33462

Title	DIRECTOR
Name	SHANE, MICHAEL
Address	678 WATERSIDE DRIVE
City-State-Zip:	HYPOLUXO FL 33462

Title	TREASURER
Name	DESROCHERS, MARC
Address	324 WATERSIDE DRIVE
City-State-Zip:	HYPOLUXO FL 33462

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: ANDRE MONGRAIN**PRESIDENT****02/05/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date