

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90176 047 ****61.25

DOCUMENT # 758108

1. Corporation Name

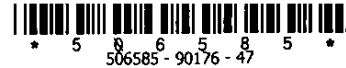
WATERVIEW CONDOMINIUM ASSOCIATION, INC. OF AVENTURA

Principal Place of Business

20505 E. COUNTRY CLUB DR.
MIAMI FL 33180

Mailing Address

20505 E. COUNTRY CLUB DR.
MIAMI FL 33180



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/30/1981

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2071384

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS MGMT & REALTY CO. INC.
1840 NE 153RD STREET
N. MIAMI BEACH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME SCHWARTZ, SYDELL
STREET ADDRESS 20515 E COUNTRY CLUB DRIVE PH41
CITY-ST-ZIP AVENTURA FL

1.1 TITLE D T ☐ Change ☒ Addition
1.2 NAME HIRAM KIRSON
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP AVENTURA, FL

TITLE VP ☐ DELETE
NAME SIDEL, HY
STREET ADDRESS 20515 E COUNTRY CLUB DRIVE 249
CITY-ST-ZIP AVENTURA FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME LOIS ALTMAN
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP AVENTURA, FL

TITLE T ☒ DELETE
NAME SELEVAN, MARILYN
STREET ADDRESS 20505 E. COUNTRY CLUB DR. #2038
CITY-ST-ZIP AVENTURA FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME JACK NEGIN
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP AVENTURA, FL

TITLE D ☐ DELETE
NAME KESSELMAN, HARRY
STREET ADDRESS 20515 E COUNTRY CLUB DRIVE 246
CITY-ST-ZIP AVENTURA FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME CLARE UMANSKY
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP AVENTURA, FL

TITLE D ☐ DELETE
NAME COHEN, ROBERT
STREET ADDRESS 2050 E COUNTRY CLUB DR #1831
CITY-ST-ZIP AVENTURA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME KISVER, JOAN
STREET ADDRESS 20515 E. COUNTRY CLUB DR, #741
CITY-ST-ZIP AVENTURA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)