

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90025 008 ****61.25

DOCUMENT # 758108

1. Entity Name

WATERVIEW CONDOMINIUM ASSOCIATION, INC. OF AVENTURA

Principal Place of Business

Mailing Address

20505 E. COUNTRY CLUB DR.
 MIAMI FL 33180

20505 E. COUNTRY CLUB DR.
 MIAMI FL 33180

2. Principal Place of Business

3. Mailing Address

Waterview Condominium

20505 E. Country Club Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Aventura, FL

Aventura, FL

Zip

Country

Zip

Country

33180 FL

4. FEI Number 59-2071384
 JAN 07 2002

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OBERTS MGMT & REALTY CO. INC.
 340 NE 153RD STREET
 MIAMI BEACH FL 33162

Name

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

City

FL

Zip Code

8. 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

Shirley Beegm *Gideon Buczyner*

2/8/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Delete
 NAME SHUMAN, JEROME
 STREET ADDRESS 20515 E. COUNTRY CLUB DR., #1747
 CITY-ST-ZIP MIAMI FL 33180

TITLE Vice-President ☐ Change ☐ Addition
 NAME Gideon Buczyner
 STREET ADDRESS 20515 E. Country Club Dr #1444
 CITY-ST-ZIP Aventura FL 33180

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

TITLE Director ☐ Change ☒ Addition
 NAME Robert Cohen
 STREET ADDRESS 20505 E. country club Dr. #1831
 CITY-ST-ZIP Aventura, FL 33180

TITLE Treasurer ☐ Delete
 NAME KIRSON, HIRAM
 STREET ADDRESS 20505 E. COUNTRY CLUB DR. #200 736
 CITY-ST-ZIP AVENTURA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Director ☐ Change ☒ Addition
 NAME Bebe Cohen
 STREET ADDRESS 20515 E. country club Dr. #1048
 CITY-ST-ZIP Aventura, FL 33180

TITLE SD ☐ Delete
 NAME LONDON, BARBARA
 STREET ADDRESS 20505 E. COUNTRY CLUB DR., #138
 CITY-ST-ZIP MIAMI FL 33180

TITLE ☐ Change ☒ Addition
 NAME Linda Berkowitz
 STREET ADDRESS 20505 E. COUNTRY CLUB DR. #434
 CITY-ST-ZIP Aventura, FL

TITLE D ☐ Delete
 NAME WEIMSONEN
 STREET ADDRESS WEIMSONEN, JOEL
 CITY-ST-ZIP 20505 E. COUNTRY CLUB DR., #1833
 MIAMI FL 33180

TITLE ☐ Change ☒ Addition
 NAME Lois HAHMAN
 STREET ADDRESS 20515 E. country club Dr #2249
 CITY-ST-ZIP Aventura, FL 33180

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shirley Beegm *Gideon Buczyner*

305 935 4541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)