

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90034 011 ****70.00

DOCUMENT # 758108					
1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2557138	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HYMAN, KAPLAN & MARS MUSEUM TOWER 27TH FLOOR 150 WEST FLAGLER ST MIAMI, FL 33130			7. Name and Address of New Registered Agent Name: <u>Hyman, Kaplan & Mars, LLP</u> Street Address (P.O. Box Number is Not Acceptable): <u>Museum Tower, Ste 2701</u> <u>150 West Flagler Street</u> City: <u>Miami</u> <u>FL</u> Zip Code: <u>33130</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Gary Mars Esq.</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>1/16/07</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAZ, DORANTO <input checked="" type="checkbox"/> Delete 20515 E. CC DR. #1846 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARILYN SAMPNE 20505 E CC DR #1437 AVENTURA FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete ROBBINS, LISA 20515 E. CC DR #1245 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAUL EDELMAN 20515 E CC DR. #104F AVENTURA FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete MOLAN, ROBIN 20505 E. CC DR #938 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBIN MOLAN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete LEVY, SANDY 20505 E CC DR #1647 MIAMI, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AS SHELLEY STONE 20515 E CC DR. #343 AVENTURA FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete STONE, SHELLEY 20515 E CC DR #1048 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S SHELLEY STONE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARAZIE, LEON 20515 E CC DR #1046 MIAMI, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/23/07</u> <small>Date</small>		<u>305-931-3714</u> <small>Daytime Phone #</small>