

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90866 002 ****61.25

DOCUMENT # 758108

1. Entity Name

**WATERVIEW CONDOMINIUM ASSOCIATION, INC. OF AVENT
URA**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2071384**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SHUMAN, JEROME	
STREET ADDRESS	20515 E. COUNTRY CLUB DR., #1747	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUCZYNER, GIDSON	
STREET ADDRESS	20515 E COUNTRY CLUB DR #1448	
CITY-ST-ZIP	AVENTURA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRSON, HIRAM	
STREET ADDRESS	20505 C. CLUB DR #736	
CITY-ST-ZIP	AVENTURA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	COHAN, BEBE	
STREET ADDRESS	20515 E C. CLUB DR #1048	
CITY-ST-ZIP	AVENTURA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LONDON, BARBARA	
STREET ADDRESS	20505 E. COUNTRY CLUB DR., #138	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HEIMSOHEN, JOEL	
STREET ADDRESS	20505 E. COUNTRY CLUB DR., #1833	
CITY-ST-ZIP	MIAMI FL 33180	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALTMAN, LOIS	
STREET ADDRESS	20515 E Country Club DR # 2249	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cohen, Robbie	
STREET ADDRESS	20505 E. Country Club DR # 1831	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONDRA LEVY	
STREET ADDRESS	20515 E. Country Club Dr # 2246	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR