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NONPROFIT CORPORATION ANNUAL REPORT 1999

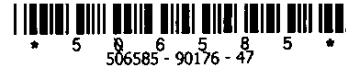


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2071384

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing **\$5.00** May Be Added to Fees

24 Zip Country

29 Zip Country

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

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

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

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

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

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

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

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

TITLE DELETE
 NAME **D 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 DELETE
 NAME **SD 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

[Signature] **4/20/99** **305-935-4541**
 Date Daytime Phone #

CR2E037 (11/98)