


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90083 044 \*\*\*\*70.00

<b>DOCUMENT # 758108</b>			
1. Entity Name <b>WATERVIEW CONDOMINIUM ASSOCIATION, INC. OF AVENTURA</b>			
Principal Place of Business <b>20505 E. COUNTRY CLUB DR. MIAMI FL 33180</b>		Mailing Address <b>20505 E. COUNTRY CLUB DR. MIAMI FL 33180</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

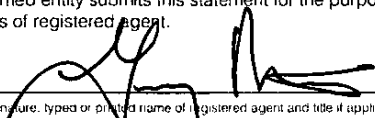


1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-2557138</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FEIN &amp; MELON 900 S ST ROAD 7 PLANTATION FL 33317</b>		7. Name and Address of New Registered Agent Name <b>GARY MOORE, Esq.</b> <b>HYMAN KAPLAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>MUSEUM TOWER 27 FLOOR</b> <b>150 WEST FLAGLER ST</b> City <b>MIAMI</b> FL <b>33130</b>	
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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  (NOTE: Registered Agent signature required when reinstating) DATE **1/31/06**

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CHUNOWITL, TOBI 20515 E CC DR #1246 AVENTURA FL 33180</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RESIDENT DORANTO PAZ 20515 E. CC DR. #1846 AVENTURA FL 33180</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LONDON, BUBBANA 20505 E CC DR #138 AVENTURA FL 33180</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT LISA ROOBINS 20515 E. CC DR. #1245 AVENTURA FL 33180</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KINSON, AVLAN 20505 E CC DR #736 AVENTURA FL 33180</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER ROBIN MOLAN 20505 E CC DR #938 AVENTURA FL 33180</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RICOSSA, CHERYL 20515 EC CLEO DR 154L AVENTURA FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY SANDI LEVY 20515 E CC DR #1647 AVENTURA FL 33180</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COHEN, RODDIE 20505 E CC DR #1831 AVENTURA FL 33180</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASST. SECRETARY SHELLEY STONE 20515 E CC DR. #1048 AVENTURA FL 33180</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALTMAN, LOIS 20515 E COUNTRY CLUB DR 2249 MIAMI FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR LEON ARAZIE 20515 E CC DR #1046 AVENTURA FL 33180</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 