
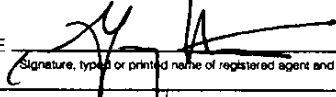
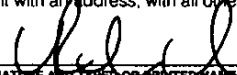


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		4. FEI Number 59-2557138	
Zip		Country		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 Hyman, Spector & Mars, LLP Street Address (P.O. Box Number is Not Acceptable) MUSEUM TOWER, Ste 2701 150 West Flagler Street City Miami FL Zip Code 33130		
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 		Gary Mars Esq.		DATE 1/16/07	
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 20515 E. CC DR. #1846 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP MARILYN SORPHE 20505 E CC DR # 1437 AVENTURA FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBBINS, LISA 20515 E. CC DR #1245 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAUL Edelman 20515 E CC DR. #1048 AVENTURA FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOLAN, ROBIN 20505 E. CC DR #938 AVENTURA, FL 33180 <input type="checkbox"/> Delete	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 LEVY, SANDY 20505 E CC DR #1647 MIAMI, FL 33180 <input checked="" type="checkbox"/> Delete	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 STONE, SHELLEY 20515 E CC DR #1048 AVENTURA, FL 33180 <input type="checkbox"/> Delete	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 ARAZIE, LEON 20515 E CC DR #1046 MIAMI, FL 33180 <input type="checkbox"/> Delete	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: 		DATE 1/23/07		DAYTIME PHONE # 305-931-3714	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40010310



01052007 Chg-NP CR2E037 (12/06)