


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90033 045 ****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

40004030



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01022008 Chg-NP CR2E037 (12/06)

City & State

Zip Country

4. FEI Number
59-2557138

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HYMAN, SPECTOR & MARS, LLP
MUSEUM TOWER STE 2701
150 WEST FLAGLER ST
MIAMI, FL 33130

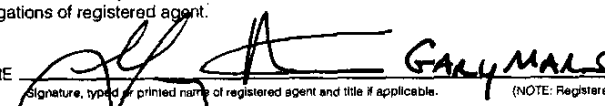
7. Name and Address of New Registered Agent

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  **GARY MALS** DATE **1/7/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

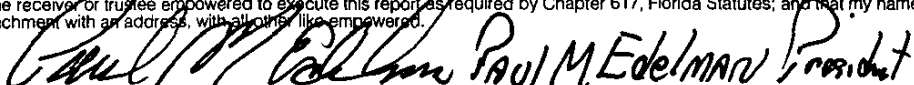
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SPRENE, MARILYN	
STREET ADDRESS	20505 E CC DR #1437	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	T	<input type="checkbox"/> Delete
NAME	EDECMAN, PAUL	
STREET ADDRESS	25015 ECC DR #1048	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOLAN, ROBIN	
STREET ADDRESS	20505 E. CC DR #938	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SIGRIO-SOFFIE, CHARNSAY	
STREET ADDRESS	20515 E CC DR #343	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROWE, SHELLY S	
STREET ADDRESS	20515 E CC DR #1048	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARAZIE, LEON	
STREET ADDRESS	20515 E CC DR #1046	
CITY-ST-ZIP	MIAMI, FL 33180	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERENE MARILYN	
STREET ADDRESS	20505 E CC DR #1437	
CITY-ST-ZIP	AVENTURA FLA 33180	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASST SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS ALTMAN	
STREET ADDRESS	20515 E CC DR #2249	
CITY-ST-ZIP	AVENTURA FLA 33180	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE SHELLY	
STREET ADDRESS	20515 E CC DR #1048	
CITY-ST-ZIP	AVENTURA FLA 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **PAUL M. Edelman** President DATE **1/7/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

WATERVIEW


40004030
#758108

Directors

Rita Blanck

20515 E. Country Club Dr. # 844
Aventura, FL 33180

Robbie Cohen

20505 E. Country Club Dr. # 1831
Aventura, FL 33180

Cherylle Ricossa

20505 E. Country Club Dr. # 1542
Aventura, FL 33180