

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

7. Name and Address of New Registered Agent

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR