

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758108

**FILED**  
**Jan 03, 2019**  
**Secretary of State**  
**CC7021967779**

**Entity Name:** WATERVIEW CONDOMINIUM ASSOCIATION, INC. OF AVENTURA

**Current Principal Place of Business:**

20505 E. COUNTRY CLUB DR.  
AVENTURA, FL 33180

**Current Mailing Address:**

20505 E. COUNTRY CLUB DR.  
AVENTURA, FL 33180

**FEI Number: 59-2557138**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE, 11TH FLOOR  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name RICOSSA, CHERYL  
Address 20515 E COUNTRY CLUB DR #1542  
City-State-Zip: AVENTURA FL 33180

Title SEC  
Name ALTMAN, LOIS  
Address 20515 E. COUNTRY CLUB DR. #2249  
City-State-Zip: AVENTURA FL 33180

Title TREASURER  
Name MUKHIN, VADIM  
Address 20515 E. COUNTRY CLUB DRIVE #847  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name HAMLIN, FAITH  
Address 20515 EAST COUNTRY CLUB DRIVE  
1146  
City-State-Zip: AVENTURA FL 33180

Title PRESIDENT  
Name LEVIEN, JEROME  
Address 20505 E COUNTRY CLUB DRIVE  
1134  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name VAZQUEZ, FELIX  
Address 20505 E COUNTRY CLUB DRIVE  
832  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name MOLAN, ROBIN  
Address 20505 E COUNTRY CLUB DRIVE  
938  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name VACCA, ERNEST  
Address 20505 E COUNTRY CLUB DRIVE  
1038  
City-State-Zip: AVENTURA FL 33180

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LOIS ALTMAN**

**SECRETARY**

**01/03/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name OSLAND, GARY  
Address 20505 E. COUNTRY CLUB DR.  
1431  
City-State-Zip: AVENTURA FL 33180