

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758108

**FILED**  
**Jan 24, 2020**  
**Secretary of State**  
**0328381275CC**

**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: GARY M. MARS, ESQ.**

**01/24/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CASSA, DENNIS  
Address        20505 E. COUNTRY CLUB DR.  
City-State-Zip: AVENTURA FL 33180

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

Title            TREASURER  
Name            ROBBINS , ADAM D  
Address        20505 E. COUNTRY CLUB DR.  
City-State-Zip: AVENTURA FL 33180

Title            SECRETARY  
Name            KRYPELL, MARLA  
Address        20505 E. COUNTRY CLUB DR.  
City-State-Zip: AVENTURA FL 33180

Title            ASSISTANT SECRETARY  
Name            HAMLIN, FAITH  
Address        20505 E. COUNTRY CLUB DR.  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            VACCA, ERNEST J. JR.  
Address        20505 E. COUNTRY CLUB DR.  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            ALTMAN, LOIS  
Address        20505 E. COUNTRY CLUB DR.  
City-State-Zip: AVENTURA FL 33180

Title            DIRECTOR  
Name            COHEN, ROBERT  
Address        20505 E. COUNTRY CLUB DR.  
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: CASSA , DENNIS**

**PRESIDENT**

**01/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name MOLAN, ROBIN  
Address 20505 E. COUNTRY CLUB DR.  
City-State-Zip: AVENTURA FL 33180