

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23711 (7)

1. Corporation Name
PORTSVIEW AT THE WATERWAYS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**C/O MANAGEMENT OFFICE
3610 YACHT CLUB DR
AVENTURA FL 33180**

3. Date Incorporated or Qualified **12/03/1987** 3a. Date of Last Report **03/06/1995**
4. FEI Number **59-2593186** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**DENNIS EISINGER
C/O BUCHANAN INGERSOLL
19495 BISCAYNE BLVD.
N. MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent
81 Name **DENNIS J. EISINGER**
82 Street Address (P.O. Box Number is Not Acceptable)
40 PHILLIPS, EISINGER + KOSS, P.A.
83 **4000 HOLLYWOOD BLVD. SUITE 265 SOUTH**
84 City **HOLLYWOOD** FL 85 Zip Code **33021**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **2/23/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE WEINER	
STREET ADDRESS	3610 YACHT CLUB DRIVE #901	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GREGORIO NOSOVSKY	
STREET ADDRESS	3598 YACHT CLUB DRIVE #1503	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JACK DONLON	
STREET ADDRESS	3610 YACHT CLUB DRIVE #714	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ANDREW VAZQUEZ	
STREET ADDRESS	3610 YACHT CLUB DRIVE #214	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONALD BROTHERRSON,	
STREET ADDRESS	3640 YACHT CLUB DRIVE #810	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARLINE ZUCKER,	
STREET ADDRESS	3640 YACHT CLUB DRIVE #1501	
CITY-ST-ZIP	AVENTURA FL 33180	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACK DONLON	
1.3 STREET ADDRESS	3610 YACHT CLUB DR. #714	
1.4 CITY-ST-ZIP	AVENTURA, FL 33180	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DONALD BROTHERRSON	
2.3 STREET ADDRESS	3640 YACHT CLUB DR. #810	
2.4 CITY-ST-ZIP	AVENTURA, FL 33180	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EILEEN SEIDMAN	
3.3 STREET ADDRESS	3600 YACHT CLUB DR. #701	
3.4 CITY-ST-ZIP	AVENTURA, FL 33180	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVID SILVER	
4.3 STREET ADDRESS	3600 YACHT CLUB DR. #1402	
4.4 CITY-ST-ZIP	AVENTURA, FL 33180	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RICHARD ROSEN	
5.3 STREET ADDRESS	3610 YACHT CLUB DR. #1509	
5.4 CITY-ST-ZIP	AVENTURA, FL 33180	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MATTHEW ZUCKER	
6.3 STREET ADDRESS	3640 YACHT CLUB DR. #1501	
6.4 CITY-ST-ZIP	AVENTURA, FL 33180	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eileen Seidman* **2/23/96** **305-926-1909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mo Phone #

CR2E037 (12/95)