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**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90051 045 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N23711**

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

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/03/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2593186
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>DENNIS EISINGER</b> C/O PHILLIPS, EISINGER & KOSS, P.A. 4000 HOLLYWOOD BLVD SUITE 265 SOUTH HOLLYWOOD FL 33021	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONLON, JACK	1.2 NAME	Keith Marshall
STREET ADDRESS	3610 YACHT CLUB DRIVE #714	1.3 STREET ADDRESS	3602 Yacht Club Dr #405
CITY-ST-ZIP	AVENTURA FL	1.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROTHERSON, DONALD	2.2 NAME	David Silver
STREET ADDRESS	3640 YACHT CLUB DRIVE #810	2.3 STREET ADDRESS	3600 Yacht Club Dr #1402
CITY-ST-ZIP	AVENTURA FL	2.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERMAN, SAM	3.2 NAME	Sam Byron
STREET ADDRESS	3602 YACHT CLUB DR, #402	3.3 STREET ADDRESS	3640 Yacht Club Dr #2009
CITY-ST-ZIP	AVENTURA FL 33180	3.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEN, RICHARD	4.2 NAME	Borris Millstone
STREET ADDRESS	3610 YACHT CLUB DR, #1509	4.3 STREET ADDRESS	3600 Yacht Club Dr #401
CITY-ST-ZIP	AVENTURA FL 33180	4.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD BROTHERSON	5.2 NAME	Don A. Coltune
STREET ADDRESS	3640 YACHT CLUB DRIVE #810	5.3 STREET ADDRESS	3620 Yacht Club Dr #502
CITY-ST-ZIP	AVENTURA FL 33180	5.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTTERMAN, MARK	6.2 NAME	
STREET ADDRESS	3640 YACHT CLUB DR, #402	6.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]*      3-11-99      Date

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

0034990

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