

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23711

1. Entity Name

PORTSVIEW AT THE WATERWAYS CONDOMINIUM ASSOCIATI

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90214 044 ****61.25

Principal Place of Business C/O MANAGEMENT OFFICE 3610 YACHT CLUB DR AVENTURA FL 33180	Mailing Address C/O MANAGEMENT OFFICE 3610 YACHT CLUB DR AVENTURA FL 33180-3541.
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DO NOT WRITE IN THIS SPACE

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 59-2593186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENNIS EISINGER
C/O PHILLIPS, EISINGER & KOSS, P.A.
4000 HOLLYWOOD BLVD SUITE 265 SOUTH
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	DONLON, JACK
STREET ADDRESS	3610 YACHT CLUB DRIVE #714
CITY-ST-ZIP	AVENTURA FL
TITLE	VP <input type="checkbox"/> Delete
NAME	BROTHERSON, DONALD
STREET ADDRESS	3640 YACHT CLUB DRIVE #810
CITY-ST-ZIP	AVENTURA FL
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	SILVERMAN, SAM
STREET ADDRESS	3602 YACHT CLUB DR, #402
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	T <input type="checkbox"/> Delete
NAME	ROSEN, RICHARD
STREET ADDRESS	3610 YACHT CLUB DR, #1509
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DONALD BROTHERSON,
STREET ADDRESS	3640 YACHT CLUB DRIVE #810 <i>Repeated Name</i>
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	D <input type="checkbox"/> Delete
NAME	LOTTERMAN, MARK
STREET ADDRESS	3640 YACHT CLUB DR, #402
CITY-ST-ZIP	AVENTURA FL 33180

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRON, SAM
STREET ADDRESS	3640 Yacht Club Drive #2009
CITY-ST-ZIP	Aventura, FL
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stuart Rapee
STREET ADDRESS	3620 Yacht Club Drive #506
CITY-ST-ZIP	Aventura, FL
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, DAVID
STREET ADDRESS	3600 Yacht Club Drive #1402
CITY-ST-ZIP	Aventura, FL
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLSTONE, BURRIS
STREET ADDRESS	3600 Yacht Club Drive #1401
CITY-ST-ZIP	Aventura, FL
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLTUNE, JON
STREET ADDRESS	3620 Yacht Club Drive #502
CITY-ST-ZIP	Aventura, FL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **1-6-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)