

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90054 048 \*\*\*\*61.25

**DOCUMENT # N23711**

1. Entity Name

**PORTSVIEW AT THE WATERWAYS CONDOMINIUM ASSOCIATI  
 ON, INC.**

Principal Place of Business

Mailing Address

**C/O MANAGEMENT OFFICE  
 3610 YACHT CLUB DR  
 AVENTURA FL 33180**

**C/O MANAGEMENT OFFICE  
 3610 YACHT CLUB DR  
 AVENTURA FL 33180**

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

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | <b>P</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>DONLON, JOHN M</b>              |                                 |
| STREET ADDRESS | <b>3610 YACHT CLUB DRIVE #714</b>  |                                 |
| CITY-ST-ZIP    | <b>AVENTURA FL</b>                 |                                 |
| TITLE          | <b>VP</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>BROTHERSON, DONALD</b>          |                                 |
| STREET ADDRESS | <b>3640 YACHT CLUB DRIVE #810</b>  |                                 |
| CITY-ST-ZIP    | <b>AVENTURA FL</b>                 |                                 |
| TITLE          | <b>T</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>ROSEN, RICHARD</b>              |                                 |
| STREET ADDRESS | <b>3610 YACHT CLUB DR, #1509</b>   |                                 |
| CITY-ST-ZIP    | <b>AVENTURA FL 33180</b>           |                                 |
| TITLE          | <b>S</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>BYRON, SAM</b>                  |                                 |
| STREET ADDRESS | <b>3640 YACHT CLUB DRIVE #2009</b> |                                 |
| CITY-ST-ZIP    | <b>AVENTURA FL 33180</b>           |                                 |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>COLTUNE, JON</b>                |                                 |
| STREET ADDRESS | <b>3620 YACHT CLUB DRIVE #502</b>  |                                 |
| CITY-ST-ZIP    | <b>AVENTURA FL 33180</b>           |                                 |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Delete |
| NAME           | <b>GOLDBERG, THERESA</b>           |                                 |
| STREET ADDRESS | <b>3598 YACHT CLUB DRIVE #2003</b> |                                 |
| CITY-ST-ZIP    | <b>AVENTURA FL 33180</b>           |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| 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 OF THERESA GOLDBERG*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)