
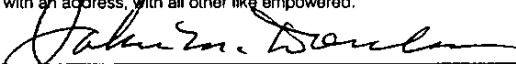


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90020 036 ****61.25

DOCUMENT # N23711					
1. Entity Name PORTSVIEW AT THE WATERWAYS CONDOMINIUM ASSOCIATION, INC.					
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			
2. Principal Place of Business - No P.O. Box #		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 <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONLON, JOHN M		NAME		
STREET ADDRESS	3610 YACHT CLUB DRIVE #714		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLEN, MARTY		NAME	Schwartz, Gilbert	
STREET ADDRESS	3620 YACHT CLUB DRIVE #506		STREET ADDRESS	3610 Yacht Club Dr. #1501	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	Aventura, FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, RICHARD		NAME	Christine Hagan Rosen	
STREET ADDRESS	3610 YACHT CLUB DR, #1509		STREET ADDRESS	3610 Yacht Club Dr. #1509	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	Aventura, FL 33180	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATFIELD, PHILLIP		NAME		
STREET ADDRESS	3600 YACHT CLUB DRIVE #502		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ-THERESE, MONICA		NAME		
STREET ADDRESS	3640 YACHT CLUB DR #710		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERSCHELL, MAURICE		NAME	Small, Norton	
STREET ADDRESS	3620 YACHT CLUB DR #503		STREET ADDRESS	3640 Yacht Club Dr. #910	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	Aventura, FL 33180	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			4-2-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		