

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 10, 2009  
Secretary of State**

DOCUMENT# N23711

Entity Name: PORTSVIEW AT THE WATERWAYS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2593186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**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 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: DONLON, JOHN M  
Address: 3610 YACHT CLUB DRIVE #714  
City-St-Zip: AVENTURA, FL 33180

Title: VP      ( ) Delete  
Name: SCHWARTZ, GILBERT  
Address: 3610 YACHT CLUB DR., 31501  
City-St-Zip: AVENTURA, FL 33180

Title: D      ( ) Delete  
Name: HENIGMAN, JAMES  
Address: 3640 YACHT CLUB DR. #706  
City-St-Zip: AVENTURA, FL 33180

Title: T      ( ) Delete  
Name: HATFIELD, PHILLIP  
Address: 3600 YACHT CLUB DRIVE #802  
City-St-Zip: AVENTURA, FL 33180

Title: S      ( ) Delete  
Name: SMALL, NORTON  
Address: 3640 YACHT CLUB DR #910  
City-St-Zip: AVENTURA, FL 33180

Title: D      ( ) Delete  
Name: VERSCHELL, MAURICE  
Address: 3620 YACHT CLUB DR #503  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: SCHWARTZ, GILBERT  
Address: 3610 YACHT CLUB DR., 1501  
City-St-Zip: AVENTURA, FL 33180

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. DONLON

P

03/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date