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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23711** (7)

1. Corporation Name

PORTSVIEW AT THE WATERWAYS CONDOMINIUM ASSOCIATION, 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**

3. Date Incorporated or Qualified

12/03/1987

4. FEI Number

59-2593186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible

Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. 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**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P DONLON, JACK President**
STREET ADDRESS **3610 YACHT CLUB DRIVE #714**
CITY-ST-ZIP **AVENTURA FL**

TITLE ☐ DELETE

NAME **V BROTHERRSON, DONALD Vice-President**
STREET ADDRESS **3640 YACHT CLUB DRIVE #810**
CITY-ST-ZIP **AVENTURA FL**

TITLE ☒ DELETE

NAME **S JACK DONLON**
STREET ADDRESS **3610 YACHT CLUB DRIVE #714**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☒ DELETE

NAME **T SILVER, DAVID Director**
STREET ADDRESS **3600 YACHT CLUB DRIVE #1509**
CITY-ST-ZIP **AVENTURA FL**

TITLE ☐ DELETE

NAME **D DONALD BROTHERRSON,**
STREET ADDRESS **3640 YACHT CLUB DRIVE #810**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☒ DELETE

NAME **D ZUCKER, MATTHEW**
STREET ADDRESS **3640 YACHT CLUB DRIVE #1501**
CITY-ST-ZIP **AVENTURA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **President**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **Vice-President**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **SAM SILVERMAN Secretary**
3.3 STREET ADDRESS **3602 YACHT CLUB DRIVE TH 402**
3.4 CITY-ST-ZIP **AVENTURA, FL 33180**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **RICHARD ROSEN Treasurer**
4.3 STREET ADDRESS **3610 YACHT CLUB DRIVE #1509**
4.4 CITY-ST-ZIP **AVENTURA, FL 33180**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MARK LOTTERMAN Director
3640 YACHT CLUB DRIVE #402
AVENTURA, FL 33180

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1097)