

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23711

FILED
May 19, 2021
Secretary of State
3958770718CC

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

Current Mailing Address:

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

FEI Number: 65-0042653

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FIELDS & BACHOVE, PLLC
4440 PGA BOULEVARD
308
PALM BEACH GARDENS, FL 33410 US

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: EVAN R. BACHOVE

05/19/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SALETA , MANUEL
Address C/O MANAGEMENT OFFICE
 3610 YACHT CLUB DR HARBOR SIDE
 # 906
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name DRUCKMANN, JERRY
Address C/O MANAGEMENT OFFICE
 3610 YACHT CLUB DR PV TOWER 1 #
 408
City-State-Zip: AVENTURA FL 33180

Title VP
Name HATFIELD , PHILIP JR.
Address C/O MANAGEMENT OFFICE
 3610 YACHT CLUB DR HARBOR
 TOWERS # 2002
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name WEISZ, MARTINE
Address C/O MANAGEMENT OFFICE
 3610 YACHT CLUB DR PV TOWER 1 #
 1204
City-State-Zip: AVENTURA FL 33180

Title SECRETARY
Name STOFMAN, JEANNIE
Address C/O MANAGEMENT OFFICE
 3610 YACHT CLUB DR TOWNHOMES #
 601
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name COLTUNE , JON
Address C/O MANAGEMENT OFFICE
 3610 YACHT CLUB DR TOWNHOMES #
 502
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name FRIEDMAN, MARTIN
Address C/O MANAGEMENT OFFICE
 3610 YACHT CLUB DR HARBOR SIDE
 # 1808
City-State-Zip: AVENTURA FL 33180

Title 2ND VP
Name PEREZ-THERESE, MONICA
Address C/O MANAGEMENT OFFICE
 3610 YACHT CLUB DR HARBOR SIDE
 # 710
City-State-Zip: AVENTURA FL 33180

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I hereby 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 all other like empowered.

Officer/Director Detail Continued :

Title TREASURER
Name GOPMAN, GLENN
Address C/O MANAGEMENT OFFICE
 3610 YACHT CLUB DR HARBOR TOWERS # 1203
City-State-Zip: AVENTURA FL 33180