

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

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

**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:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE, 11TH FLOOR  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR AT LARGE  
Name BINIASZ, TOBY  
Address C/O MANAGEMENT OFFICE  
3610 YACHT CLUB DR PV TOWER 1  
#113  
City-State-Zip: AVENTURA FL 33180

Title PRESIDENT  
Name SCHNEIDER, FRED  
Address C/O MANAGEMENT OFFICE  
3610 YACHT CLUB DR PV TOWER 1  
#210  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name HATFIELD , PHILIP JR.  
Address C/O MANAGEMENT OFFICE  
3600 YACHT CLUB DR HARBOR  
TOWERS #2004  
City-State-Zip: AVENTURA FL 33180

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

Title VP  
Name COHEN, LARRY  
Address C/O MANAGEMENT OFFICE  
3640 YACHT CLUB DR HARBOR SIDE  
#804  
City-State-Zip: AVENTURA FL 33180

Title TREASURER  
Name HODES, STEPHEN  
Address C/O MANAGEMENT OFFICE  
3598 YACHT CLUB DR HARBOR  
TOWERS 1 #1701  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name ROBIN , TOBIAS  
Address C/O MANAGEMENT OFFICE  
3602 YACHT CLUB DRIVE TOWN  
HOMES #402  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name FIRTEL, LAUREN  
Address 3602 YACHT CLUB DRIVE  
MANAGEMENT OFFICE TOWN  
HOMES #406  
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           DIRECTOR  
Name           SALTI, MARGOT  
Address        3640 YACHT CLUB DRIVE  
                  MANAGEMENT OFFICE HARBORSIDE UNIT #802

City-State-Zip: AVENTURA FL 33180