

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23711

FILED
Apr 18, 2022
Secretary of State
5432249266CC

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

04/18/2022

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

Title DIRECTOR
Name HATFIELD , PHILIP JR.
Address C/O MANAGEMENT OFFICE
 3610 YACHT CLUB DR HARBOR
 TOWERS # 2004
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 DIRECTOR
Name COLTUNE , JON
Address C/O MANAGEMENT OFFICE
 3610 YACHT CLUB DR TOWNHOMES #
 502
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name GOIHMAN, SAMUEL
Address C/O MANAGEMENT OFFICE
 3610 YACHT CLUB DR HARBOR SIDE
 # 701
City-State-Zip: AVENTURA FL 33180

Title SECRETARY
Name SCHLENTRICH, BARBARA
Address C/O MANAGEMENT OFFICE
 3610 YACHT CLUB DR TOWNHOMES #
 607
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name COHEN, LARRY
Address C/O MANAGEMENT OFFICE
 3610 YACHT CLUB DR HARBOR SIDE
 # 804
City-State-Zip: AVENTURA FL 33180

Continues on page 2

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