2022 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:

RAPHAEL, LINDSAY E. ESQ. RAPHAEL LAW P.A. 1001 W. YAMATO RD SUITE 401 BOCA RATON, FL 33431 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: LINDSAY E. RAPHAEL 07/06/2022

Electronic Signature of Registered Agent Date

FILED

Jul 06, 2022

Secretary of State 6086901284CC

Officer/Director Detail:

Title DIRECTOR AT LARGE Title VP

Name SALETA, MANUEL Name DRUCKMANN, JERRY

Address C/O MANAGEMENT OFFICE Address C/O MANAGEMENT OFFICE

3610 YACHT CLUB DR HARBOR SIDE 3610 YACHT CLUB DR PV TOWER 1

7

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title DIRECTOR Title DIRECTOR

Name HATFIELD, PHILIP JR. Name WEISZ, MARTINE

Address C/O MANAGEMENT OFFICE Address C/O MANAGEMENT OFFICE

3610 YACHT CLUB DR HARBOR 3610 YACHT CLUB DR PV TOWER 1

TOWERS #2004 #1204

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title DIRECTOR Title SECRETARY

Name COLTUNE , JON Name SCHLENTRICH, BARBARA

Address C/O MANAGEMENT OFFICE Address C/O MANAGEMENT OFFICE

3610 YACHT CLUB DR TOWNHOMES 3610 YACHT CLUB DR TOWNHOMES

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City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title DIRECTOR Title DIRECTOR

Name COHEN, LARRY Name CHAPNIK, ARIELA

Address C/O MANAGEMENT OFFICE Address C/O MANAGEMENT OFFICE

3610 YACHT CLUB DR HARBOR SIDE 3610 YACHT CLUB DR HARBOR

#804 TOWERS #304

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

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.

Electronic Signature of Signing Officer/Director Detail

Date