## 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 SUITE401 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 10/28/2022

Electronic Signature of Registered Agent Date

**FILED** 

Oct 28, 2022

Secretary of State 9737212997CC

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 TOWER1

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 DIRECTOR

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

02 #607

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

Title DIRECTOR Title DIRECTOR

Name COHEN, LARRY Name PASTUKHOV, SERGEI V

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

3610 YACHT CLUB DR HARBOR SIDE 3610 YACHT CLUB DR HARBOR

#804 TOWERS 1 #1604

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