Entity Name: PORTSVIEW AT THE WATERWAYS CONDOMINIUM
ASSOCIATION, INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

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

DOCUMENT# N23711

Current Mailing Address:

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

FEI Number: 65-0042653

Name and Address of Current Registered Agent:

FIELDS & BACHOVE, PLLC 4440 PGA BOULEVARD #308 PALM BEACH GARDENS, FL 33410 US Certificate of Status Desired: No

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		04/18/202
	Electronic Signature of Registered Agent		Date
Officer/Direc	ctor Detail :		
Title	PRESIDENT	Title	VP
Name	SALETA , MANUEL	Name	DRUCKMANN, JERRY
Address	C/O MANAGEMENT OFFICE 3610 YACHT CLUB DR HARBOR SIDE # 906	Address	C/O MANAGEMENT OFFICE 3610 YACHT CLUB DR PV TOWER 1 # 408
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 3610 YACHT CLUB DR HARBOR TOWERS # 2004	Address	C/O MANAGEMENT OFFICE 3610 YACHT CLUB DR PV TOWER 1 # 1204
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180
Title	DIRECTOR	Title	DIRECTOR
Name	COLTUNE , JON	Name	GOIHMAN, SAMUEL
Address	C/O MANAGEMENT OFFICE 3610 YACHT CLUB DR TOWNHOMES # 502	Address	C/O MANAGEMENT OFFICE 3610 YACHT CLUB DR HARBOR SIDE # 701
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180
Title	SECRETARY	Title	DIRECTOR
Name	SCHLENTRICH, BARBARA	Name	COHEN, LARRY
Address	C/O MANAGEMENT OFFICE 3610 YACHT CLUB DR TOWNHOMES # 607	Address	C/O MANAGEMENT OFFICE 3610 YACHT CLUB DR HARBOR SIDE # 804
City-State-Zip:	AVENTURA FL 33180	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.

FILED Apr 18, 2022 Secretary of State 5432249266CC

Electronic Signature of Signing Officer/Director Detail

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

Date