

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 8:00 am
Secretary of State

02-04-2008 90032 003 ****61.25

DOCUMENT # 764732	
1. Entity Name PORTUGAL TOWERS CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business
**3200 COLLINS AVENUE
MIAMI BEACH, FL 33140**

Mailing Address
**3200 COLLINS AVENUE
MIAMI BEACH, FL 33140**

66005710



01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2286923	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHLESINGER, SIDNEY
3200 COLLINS AVE
25
MIAMI, FL 33140**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when "consenting")

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	RUA, JOSE A
STREET ADDRESS	3200 COLLINS AVE #103
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	PD
NAME	SCHLESINGER, SIDNEY
STREET ADDRESS	3200 COLLINS AVE. #25
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VD
NAME	KAHAN, JENO
STREET ADDRESS	3200 COLLINS AVE #35
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	TD
NAME	GLUCK, ANDOR
STREET ADDRESS	3200 COLLINS AVE, # 52
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VD
NAME	REICH, PETER
STREET ADDRESS	3200 COLLINS AVENUE, #31
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Sidney Schlesinger** **1/17/2008** **305-673-6259**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone