


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90437 006 \*\*\*\*61.25

**DOCUMENT # 717073**

1. Entity Name  
**GOLF'S EDGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**GOLFEDGE - CENTURY VILLAGE  
BLDG. #2  
WEST PALM BEACH FLA, 33417 US**

Mailing Address  
**PALM BEACH MAINT. & MGMT., INC.  
3606 WOODS WALK BLVD.  
LAKE WORTH, FL 33467 US**

94004000



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**PRUITT'S PROP MGMT INC**  
Suite, Apt. #, etc.  
**2575 Homewood RD**  
City & State  
**WEST PALM Bch FL**  
Zip  
**33406**  
Country  
**USA**

04082004 Chg-NP CR2E037 (10/03)

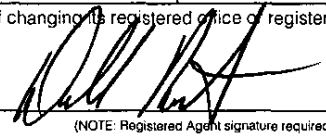
4. FEI Number  
**59-1369347**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PALM BEACH MAINT. & MGMT., INC.  
3606 WOODS WALK BLVD.  
LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent  
Name **PRUITT'S PROPERTY MANAGEMENT INC**  
Street Address (P.O. Box Number is Not Acceptable)  
**2575 Homewood RD**  
City **W. PALM Bch** FL Zip Code **33406**

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 **DONELL PRUITT**  DATE **4-12-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25  
Due by May 1, 2004

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete PATRICK, MARY 7 GOLFS EDGE G WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DUBIN, HARRY 24 GOLFS EDGE A WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete HERMAN, MILTON GOLFS EDGE 6A W PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete SILVERMAN, MYRON 9 GOLFS EDGE C WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete HARTENSTEIN, REUBEN 3 GOLFS EDGE B WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BUNTIZ, NATE 17 GOLF'S EDGE -C W PALM BEACH, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V.P. SCHECTER, CHARLES 23 GOLFS EDGE C WPB FL 33417</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: **MYRON SILVERMAN**  **4/12/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #