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NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # N01338 (5)

LAKES OF DELRAY, INC.

FILED
Apr 14 1998 8:00am
Secretary of State

SUITE 201 LAKE WORTH FL 33463 US SUITE 201 LAKE WORTH FL 33463 US O2/09/1984 4. FEI Number Applied For	Principal Place of Business Malling Address (2 RS Management As						clates, Inc.				
LAKE WORTH FL 33463 US LAKE WORTH FL 33463 US 4. FEI Number 59-2596584 Applied For 59-2596584 Not Applied For 59-2596584 Not Applied For Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 City & State City & State Zip Country 28 Zip Country 29 Nome and Address of Current Registered Agent Engineering Suite, Apt. #, etc. 29 30 Country Sip Suite, Apt. #, etc. 20 City & State City & State City & State Sip Suite, Apt. #, etc. 29 30 Country Sip Suite, Apt. #, etc. 20 City & State City & State City & State Sip Suite, Apt. #, etc. Sign Country Sign Count				3900 WOO SUITE 201	LAKE WORTH FL 33463						
59-2596584 Not Applicab 2 Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d.	LAK	E WORTH FL 33463									
2. Principal Place of Business 2. Mailing Address 3. Certificate of Status Desired Fee Required 4. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country 2. B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No 9. Name and Address of Current Registered Agent WATSKY, MORRIS J. 700 NW 107TH AVE. MIAMI FL 33172 5. Certificate of Status Desired Status De	Uŝ			US					<u> </u> _	Applied For	
5. Certificate of Status Desired Fee Required Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State City & State City & State 7. Is this nonprofit corporation a homeowners association? Zip Zip Country Zip Country Sulte, Apt. #, etc. 28 City & State 7. Is this nonprofit corporation a homeowners association? Xip Yes No Sulte, Apt. #, etc. Trust Fund Contribution Added to Fees To Is this nonprofit corporation a homeowners association? Xip Yes No Sulte, Apt. #, etc. To Country Is this nonprofit corporation a homeowners association? Xip Yes No Sulte, Apt. #, etc. To Country Is this nonprofit corporation a homeowners association? Xip Yes No Sulte, Apt. #, etc. To Country Is this nonprofit corporation a homeowners association? Xip Yes No Sulte, Apt. #, etc. To Country Is this nonprofit corporation a homeowners association? Xip Yes No No Sulte, Apt. #, etc. Trust Fund Contribution Added to Fees To Sulte, Apt. #, etc. To Country Is this nonprofit corporation and added to Fees The Country Is the corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Is Yes No No Sulte, Apt. #, etc. Trust Fund Contribution Added to Fees To Streen Address of None Registered Agent Sulte, Apt. #, etc. Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees To Streen Address (P.O. Box Number is Not Acceptable) To Country Sulte, Apt. #, etc. Trust Fund Contribution Added to Fees To Sulte, Apt. #, etc. Trust Fund Contribution Added to Fees To Sulte, Apt. #, etc. To Country To Sulte, Apt. #, etc.								59-2596584	丄	Not Applicable	
Trust Fund Contribution Added to Fees City & State City & State City & State Country Zip Zip Country Zip Address of Current Registered Agent State Country State Country Address of No Country Address of No Registered Agent Name WATSKY, MORRIS J. 700 NW 107TH AVE. MIAMI FL 33172 Trust Fund Contribution Address of New Registered Agent Trust Fund Contribution Address of New Registered Agent Resident Address of Nome and Address of New Registered Agent Trust Fund Contribution Address of New Registered Agent Resident Address of Nome and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Resident Address of New Registered Agent Resident Address of New Registered Agent Resident Address (P.O. Box Number is Not Acceptable) Resident Address of New Registered Agent	2	Principal Place of Busi	ness	<u> </u>	g Address			5. Certificate of Status Desired			
28 Zip Country Zip Country Begistered Agent 10. Name and Address of New Registered Agent WATSKY, MORRIS J. 700 NW 107TH AVE. MIAMI FL 33172 28 Country Sh. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	Sulte, Apt. #, etc.			<u> </u>	—						
28 29 30 USA Personal Property Tax due June 30. 27 Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WATSKY, MORRIS J. 700 NW 107TH AVE. MIAMI FL 33172 84 City Personal Property Tax due June 30. 27 Yes No No No Street Address (P.O. Box Number is Not Acceptable) 85 Zin Code			-								
WATSKY, MORRIS J. 700 NW 107TH AVE. MIAMI FL 33172 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	- : M	Zip	<u>⊢</u> ¬ ′			untry	USA				
WATSKY, MORRIS J. 700 NW 107TH AVE. MIAMI FL 33172 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)											
700 NW 107TH AVE. MIAMI FL 33172 83 84 City						81	Name				
84 City 85 Zin Code					82	Street Address (P.O. Box Number is Not Acceptable)					
84 City FL 85 Zip Code	MIAMI FL 33172				83						
						84	City	FL °	5	Zip Code	

office or re agent. I a	egistered agent, or both, in the State of Florida. Sum familiar with, and accept the obligations of, Sec	ich change was au tion 617.0503, Flori	thorized by the cor da Statutes.	poration's board of directors. I hereby accept the ap	pointment as	registered		
SIGNATURE _								
	Signature, typed or printed name of registered agent and title if applic			e required when reinstating) DATE				
12.	OFFICERS AND DIRECTOR		13.		S TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE	VPD	Change	Addition		
NAME [HALPRIN, HY		1.2 NAME	1				
STREET ADDRESS	15244 LAKES OF DELRAY BLVD, #203		1.3 STREET ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP					
TITLE	VPD	DELETE	2.1 TITLE	44	★ Change	☐ Addition		
NAME	SOLOMON, JACK		2.2 NAME					
STREET ADDRESS	15365 LAKES OF DELRAY BLVD, #113		2.3 STREET ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL		2. 4 CITY - ST - ZIP					
TITLE	AVP	DELETE	3.1 TITLE	05	☐ Change	Addition		
NAME	NGIMROFF, BERNARD		3.2 NAME	NEUMANN. SOL		i		
STREET ADDRESS	15461 PEMBRIDGE DRIVE, #211		3.3 STREET ADDRESS	15598 Withey DR APT,# 15-3	13			
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY - ST-ZIP	WATERS EDGE, FL 3348	4			
TITLE	TO	DELETE	4.1 TITLE		Change	Addition		
NAME	FRIEDMAN, MILTON		4. 2 NAME					
STREET ADDRESS	5574 WITNEY DR, #302		4.3 STREET ADDRESS					
CfTY-ST-ZIP	DELRAY BEACH FL	_	4.4 CHTY-ST-ZIP	1				
TITLE	AVP	DELETE	5.1 TITLE	Δ	Change	Addition		
NAME	KLEINER, HAROLD		5.2 NAME					
STREET ADDRESS	15090 ASHLAND PLACE, #170		5.3 STREET ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITLE	0514	Change	Addition		
NAME			6.2 NAME	DANON, NISSI M				
STREET ADDRESS			6.3 STREET ADDRESS	5574 WITNEY DK. # 0-111				
CITY-ST-78P			64 City - St - 7IP	WATERSENGE CI 3348	4			

14. 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 annual report or supplemental annual 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 eport as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

561-641-8554

561-641-8554