

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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AND  
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**95 APR 27 AM 10:02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N33142 (3)**

1. Corporation Name  
**WATERSEGE AT THE LAKES OF DELRAY CONDOMINIUM G ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

**220 CONGRESS PARK DRIVE  
SUITE 200  
DELRAY BEACH FL 33445**

**220 CONGRESS PARK DRIVE  
SUITE 200  
DELRAY BEACH FL 33445**

2. Principal Place of Business      2a. Mailing Address

**21 Prime Management Group**      **26 1051 South Rogers Cir.**

22 Suite, Apt. #, etc.      27 Suite, Apt. #, etc.

23 City & State      28 City & State

**Boca Raton, Florida**      **Boca Raton, Florida**

24 Zip      25 Country      29 Zip      30 Country

**33487**           **33487**           **FL**      **33487**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report

**07/07/1989**      **05/01/1994**

4. FEI Number      Applied For

**65-0141943**       Not Applicable

5. Certificate of Status Desired       \$0.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**ST. JOHN & KING  
500 AUSTRALIAN AVENUE, SOUTH  
SUITE 600  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name  
**Myron Swatt**

82 Street Address (P.O. Box Number is Not Acceptable)  
**Prime Management Group, Inc.**

83  
**1051 South Rogers Circle**

84 City      85 Zip Code

**Boca Raton**      **FL 33487**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*      DATE: **4/13/95**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PP</b>
NAME	<b>FLAX, MURRAY</b>
STREET ADDRESS	<b>15456 PEMBRIDGE DR #112</b>
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>KNOPP, SAM</b>
STREET ADDRESS	<b>15456 PEMBRIDGE DR., #205</b>
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>VD</b>
NAME	<b>ALLEN, HERBERT</b>
STREET ADDRESS	<b>15456 PEMBRIDGE DR., #310</b>
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>TD</b>
NAME	<b>FRIEDMAN, HILDA</b>
STREET ADDRESS	<b>15456 PEMBRIDGE DR., #102</b>
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>SD</b>
NAME	<b>SCHACT, RHODA</b>
STREET ADDRESS	<b>15456 PEMBRIDGE DR., #113</b>
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 report as required by Chapter 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*      **MURRAY FLAX**      **4/16/95**      **(407) 495-9683**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #