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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 22 1996 8:00 am
Secretary of State

DOCUMENT # **N33142** (3)

1. Corporation Name

**WATERSEdge AT THE LAKES OF DELRAY CONDOMINIUM G
ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**PRIME MANAGEMENT GROUP
BOCA RATON FL 33487
US**

**1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487
US**

3. Date Incorporated or Qualified
07/07/1989

3a. Date of Last Report
04/27/1995

2. Principal Place of Business
PRIME MANAGEMENT GROUP, INC.

2a. Mailing Address

4. FEI Number
65-0141943

Applied For
Not Applicable

Suite, Apt. **6300 PARK OF COMMERCE BLVD.** Suite, Apt. #, etc.
BOCA RATON, FL 33487-8290

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

City & State

City & State

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

Zip

Country

Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWATT, MYRON
PRIME MANAGEMENT GROUP INC
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487**

81 Name

MYRON I. SWATT

82 Street Address (P.O. Box Number is Not Acceptable)

PRIME MANAGEMENT GROUP, INC.

83

6300 PARK OF COMMERCE BLVD.

84 City

BOCA RATON, FL 33487-8290

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **FLAX, MURRAY**

STREET ADDRESS **15456 PEMBRIDGE DR #112**

CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VD** ☐ DELETE

NAME **KNOPP, SAM**

STREET ADDRESS **15456 PEMBRIDGE DR., #205**

CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VD** ☐ DELETE

NAME **ALLEN, HERBERT**

STREET ADDRESS **15456 PEMBRIDGE DR., #310**

CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **TD** ☐ DELETE

NAME **FRIEDMAN, HILDA**

STREET ADDRESS **15456 PEMBRIDGE DR., #102**

CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **SD** ☒ DELETE

NAME **SCHACT, RHODA**

STREET ADDRESS **15456 PEMBRIDGE DR., #113**

CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

PRESIDENT ☐ Change ☐ Addition

1.2 NAME

MURRAY FLAX

1.3 STREET ADDRESS

15456 PEMBRIDGE DR. G-112

1.4 CITY-ST-ZIP

DELRAY BCH FL 33484

2.1 TITLE

1st VP ☐ Change ☐ Addition

2.2 NAME

HERB ALLEN

2.3 STREET ADDRESS

15456 PEMBRIDGE DR. G-310

2.4 CITY-ST-ZIP

DELRAY BCH FL 33484

3.1 TITLE

2nd VP ☐ Change ☐ Addition

3.2 NAME

SAM KNOPP

3.3 STREET ADDRESS

15456 PEMBRIDGE DR. G-205

3.4 CITY-ST-ZIP

DELRAY BCH FL 33484

4.1 TITLE

TREASURER ☐ Change ☒ Addition

4.2 NAME

JULIUS BROOK

4.3 STREET ADDRESS

15456 PEMBRIDGE DR. G-312

4.4 CITY-ST-ZIP

DELRAY BCH FL 33484

5.1 TITLE

SECRETARY ☒ Change ☐ Addition

5.2 NAME

HILDA FRIEDMAN

5.3 STREET ADDRESS

15456 PEMBRIDGE DR. G-102

5.4 CITY-ST-ZIP

DELRAY BCH FL 33484

6.1 TITLE

RECORDING SECRETARY ☒ Change ☐ Addition

6.2 NAME

RHODA SCHACT

6.3 STREET ADDRESS

15456 PEMBRIDGE DR. G-113

6.4 CITY-ST-ZIP

DELRAY BCH FL 33484

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 195.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **JULIUS BROOK** **3/7/96** **498 9186**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)