FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

N33142

(3)

WATERSEDGE AT THE LAKES OF DELRAY CONDOMINIUM G ASSOCIATION, INC.

FILED Mar 20 1998 8:00am Secretary of State

Discipal Disco of Dustress Malking Address				
Principal Place of Business Mailing Address				
PRIME MANAGEMENT GROUP PRIME MANAGEMENT GROUP				3. Date Incorporated or Qualified
	COMMERCE BLVD. FL 33487-8290	6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8290		07/07/1989
US	12 00401-0200	US		4. FEI Number Applied For
				65-0141943 Not Applicable
	Place of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional
	Pembridge Drive	26 15456 Pembr	<u>idge Driv</u>	Te Fee Required
Suite, Apt.		Suite, Apt. #, etc.	2	6. Election Campaign Financing \$5.00 May Be
22 Apt. #112 27 Apt. #112 City & State City & State				Trust Fund Contribution
			ach Ei	7. Is this nonprofit corporation a homeowners association?
23 De 1 Zip	Country	28 Delray Be	Country	8. This corporation owes or has paid the current year intangible
24 334	L		USA	Personal Property Tax due June 30. Yes No
34, 55.	9. Name and Address of Current			10. Name and Address of New Registered Agent
81 Name				
SWATT, MYRON SWATT, MYRON B2 Street Address (P.O. Box Number is Not Access				- John, Dicker & Caplan Address (P.O. Box Number is Not Acceptable)
				te 600
83 BADY OF COMMEDCE BLVD				
ROCA DATON EL 22407				
	-		Mo	st Palm Beach, FL 85 Zip Code 33401
11. Pursuant to the provisions of Sections 617,9502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered lagent, 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 timiliar with, and accept the obligations of, Section 617,0503, Florida Statutes.				
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 tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE MUST STATE STA				
Signature, typed or printed name of registeryd agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PD PLAY ANDDAY	ריי הברכוב	1.1 TITLE	Change Addition
NAME	FLAX, MURRAY		1.2 NAME	FLAX, MURRAY 15456 PEMBRIDGE DR #1121
STREET ADDRESS	15456 PEMBRIDGE DR. G-112 DELRAY BEACH FL		1.3 STREET ADDRESS	DELRAY BUH. FL 33484
CITY-ST-ZIP	VD VD	DELETE	2 1 TITLE	V/OC / L Change E L Addition L
NAME	ALLEN, HERB		2.2 NAME	ALLEN, HERB 15456 PEMBRIDGE DR # 310
STREET ADDRESS	15456 PEMBRIDGE DR. G-310		2.3 STREET ADDRESS	1545/ DENIBRIDGE DR # 310
CITY-ST-ZIP	DELRAY BEACH FL		2. 4 CITY-ST-ZIP	DELRAY BCH. FL 33484
TITLE	VD	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KNOPP, SAM	· 		IN NINDO SAM
STREET ADDRESS	15456 PEMBRIDGE DR. G-205		3.3 STREET ADDRESS	15456 PEMBRIDGE DR #205
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY - ST - ZIP	DELRAY BUH. PL 33484
TITLE	TO TO	☐ DELETE	1	The state of the s
NAME	BROOK, JULIUS		4. 2 NAME	BROOK, JULIUS,
STREET ADDRESS	15456 PEMBRIDGE DR. G-312		4.3 STREET ADDRESS	BROOK, JULIUS 15456 PEMBRIDGE DR # 312
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	DELPAY ACH., FL 35989 1
TITLE	\$D	☐ DELETE	5.1 TITLE	SO Change Addition
NAME	FRIEDMAN, HILDA		5.2 NAME	FRIEDMAN, HILDA DO # 102
STREET ADDRESS	15456 PEMBRIDGE DR. G-102		5.3 STREET ADDRESS	FRIEDMAN, HILDA DR. * 102-
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY - ST - ZIP	DELRAY BUH., PL 30984
TITLE		☐ DELETE	6.1 TITLE	• ' LJ Change LJ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADORESS	
CITY-ST-ZIP		ALCO 200 - 1	6.4 CITY-ST-ZIP	d in Continu 140 07/5)/() Florido Statuto I fughas continutada información

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

CICHATURE MURRAY ENINVECTION MINER FLAN 2/0/98 CHURCAINA

:R2E037 (10/97)