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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N33142

WATERSEDGE AT THE LAKES OF DELRAY CONDOMINIUM G

ASSOCI/	ATION, INC.								
Principal Place of Business		Mailing Address							
15456 PEMBRIDGE DR APT #112 DELRAY BEACH FL 33484 US 15456 PEMBRIDGE DR APT #112 DELRAY BEACH FL 33484 US US									
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorpora	ted or Qualifed			
21		26			07/07/1989				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number 65-0141943	1	⊢ +∸	oplied For ot Applicable	
22 City & State		27 City & State						Additional	
23	•	28			5. Certifcate of St	atus Desired . L	* -	equired	
Zip Country Zip			Country	,	6. Election Camp	aign Financing	\$5.00	May Be	
24	25 29					Trust Fund Contribution LJ Added to Fees			
	9. Name and Address of Current	t Registered Agent		Т	10. Name and Ad	dress of New Registered	l Agent		
			81	Name					
ST. JOHN	, DICKER <7 CAPL		82	Street	Address (P.O. Box Numbe	r is Not Acceptable)			
STE 600		•	83	 					
	TRALIAN AVE S			<u> </u>			/ e'-	0-1-	
WEST PAI	LM BEACH FL 33401		84	City		FI	85 Zip	Code ·	
11. Pursuant	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statutes	the abov	e-named	corporation submits this st	atement for the purpose of	f changing its	registered	
office or n agent, I a	registered agent, or both, in the State on the state of the familiar with, and accept the obligations.	of Florida. Such change was auti tions of, Section 617.0503, Florid	nonzed by la Statutes	tne corpo s.	oration's board of directors	. I nereby accept the appo	MILLINGIA AS TO	gistered	
	· · · · · · · · · · · · · · · · · · ·								
SIGNATURE	•								
SIGNATURE	Signature, typed or printed name of registered agen	· · · · · · · · · · · · · · · · · · ·	<u> </u>	nt signature n	equired when reinstating)	DATE	ND DIRECTO	ORS IN 12	
12.	OFFICERS AN	D DIRECTORS	13	nt signature n		DATE ANGES TO OFFICERS A	ND DIRECTO	DRS IN 12	
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	<u> </u>	nt signature n					
12.	OFFICERS AN PD FLAX, MURRAY	D DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature n					
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD FLAX, MURRAY 15456 PEMBRIDGE DR #1121 DELRAY BEACH FL 33484 VPD ALLEN, HERB	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T ADDRESS	ADDITIONS/CH	ANGES TO OFFICERS A	☐ Change	Addition :	
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

JIRED Murray Flax 4/9/99