

DOCUMENT # N33142

1. Entity Name

WATERSEdge AT THE LAKES OF DELRAY CONDOMINIUM G

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90209 022 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

15456 PEMBRIDGE DR
APT #112
DELRAY BEACH FL 33484
US

15456 PEMBRIDGE DR
APT #112
DELRAY BEACH FL 33484-4353
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0141943

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. JOHN, DICKER <7 CAPL
STE 600
500 AUSTRALIAN AVE S
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FLAX, MURRAY
STREET ADDRESS 15456 PEMBRIDGE DR #1121
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME FISHER, EDYTHE
STREET ADDRESS 15456 PEMBRIDGE DR G102
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME KNOPP, SAM
STREET ADDRESS 15456 PEMBRIDGE DR #205
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE VPD
NAME Brook, Julius
STREET ADDRESS 15456 Pembridge Dr. #312
CITY-ST-ZIP Delray Beach, Fl. 33484

TITLE SD
NAME COHN, MIRIAM
STREET ADDRESS 15456 PEMBRIDGE DR G302
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME FRIEDMAN, HILDA
STREET ADDRESS 15456 PEMBRIDGE DR #102
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE
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STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED MURRAY FLAX 4/10/2000 (561) 495-9683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)