

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90893 009 ****61.25

0076541

DOCUMENT # N33142

1. Entity Name

WATERSEDGE AT THE LAKES OF DELRAY CONDOMINIUM G ASSOCIATION, 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0141943

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

~~ST JOHN DICKER - 7 CAPL~~
STE 600
500 AUSTRALIAN AVE S
WEST PALM BEACH FL 33401

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **GREENBERG, ALBERT**
 STREET ADDRESS **15456 PEMBRIDGE DR G101**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME ~~**BROOK, JULIUS**~~
 STREET ADDRESS **15456 PEMBRIDGE DR G312**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **PERSKY, BERNARD**
 STREET ADDRESS **15456 PEMBRIDGE DR G105**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **VPD** Change Addition
 NAME **ECKERLE, SALLY**
 STREET ADDRESS **15456 PEMBRIDGE DR. G306**
 CITY-ST-ZIP **DELRAY BEACH, FL. 33484**

TITLE **VPD** Delete
 NAME **BAROCAS, ISAAC**
 STREET ADDRESS **15456 PEMBRIDGE DR G104**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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: MURRAY FLAX *Murray Flax* 3/25/02 561 495-9683
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/01)