



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90256 044 ****61.25

DOCUMENT # N33142					
1. Entity Name WATSEEDGE AT THE LAKES OF DELRAY CONDOMINIUM G ASSOCIATION, INC.					
Principal Place of Business		Mailing Address		40097381 	
15456 PEMBRIDGE DR APT #112 DELRAY BEACH, FL 33484 US		6300 PRK OF COMMERCE BLVD DELRAY BEACH, FL 33482 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04022008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0141943	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRIEDMAN, HILDA 15456 PEMBRIDGE DR 102 DELRAY BEACH, FL 33484			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDMAN, HILDA		NAME	David, Yvette	
STREET ADDRESS	15456 PEMBRIDGE DR		STREET ADDRESS	15456 Pembridge Dr	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Bch. FL 33484	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIFF, RITA		NAME	Bernard Perksky	
STREET ADDRESS	15456 PEMBRIDGE DR		STREET ADDRESS	15456 Pembridge Dr	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAROCAS, ISAAC		NAME		
STREET ADDRESS	15456 PEMBRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISS, SELMA		NAME		
STREET ADDRESS	15456 PEMBRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	INTERCESSION CITY, FL 338484		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, HILDA		NAME		
STREET ADDRESS	15456 PEMBRIDGE DR G102		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard Perksky		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Hilda Friedman</u>			Date: <u>4/18/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		