

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34491** (3)
1. Corporation Name

WATERSEdge AT THE LAKES OF DELRAY CONDOMINIUM H ASSOCIATION, INC.



Principal Place of Business: **PRIME MANAGEMENT GROUP BOCA RATON FL 33487 US**
Mailing Address: **1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487 US**

3. Date Incorporated or Qualified: **10/02/1989**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: **65-0158282**
Applied For: Not Applicable

22. Suite, Apt. #, etc. **PRIME MANAGEMENT GROUP, INC.**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487-8290**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip (25) Country (29) Zip (30) Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWATT, MYRON
PRIME MANAGEMENT GROUP
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487**

81 Name: **MYRON I. SWATT**
82 Street Address (P.O. Box Number is Not Acceptable): **PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD.**
83 City: **BOCA RATON, FL 33487-8290** 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when filing) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PARIS, ELLIOTT	
STREET ADDRESS	15461 PEMBRIDGE DR #309	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MELTZER, JACK	
STREET ADDRESS	15461 PEMBRIDGE DR #207	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD DATOMA, JOE	<input type="checkbox"/> DELETE
NAME	D'AMATO, JOE	
STREET ADDRESS	15461 PEMBRIDGE DRIVE #304	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD MANDELBAUM, JEROME	<input type="checkbox"/> DELETE
NAME	MATELSKY, LOUIS	
STREET ADDRESS	15461 PEMBRIDGE DR., APT. 44 113	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOFFMAN, SYD	
STREET ADDRESS	15461 PEMBRIDGE DR., APT. 301	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELLIOTT PARIS	
1.3 STREET ADDRESS	15461 PEMBRIDGE D. H-309	
1.4 CITY-ST-ZIP	DELRAY BCH FL 33484	
2.1 TITLE	1st VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACK MELTZER	
2.3 STREET ADDRESS	15461 PEMBRIDGE DR. H-207	
2.4 CITY-ST-ZIP	DELRAY BCH FL 33484	
3.1 TITLE	2nd VP Correction	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOE DATOMA	
3.3 STREET ADDRESS	15461 PEMBRIDGE DR. H-304	
3.4 CITY-ST-ZIP	DELRAY BCH FL 33484	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JERRY MANDELBAUM	
4.3 STREET ADDRESS	15461 PEMBRIDGE DR. H-113	
4.4 CITY-ST-ZIP	DELRAY BCH FL 33484	
5.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SID HOFFMAN	
5.3 STREET ADDRESS	15461 PEMBRIDGE DR. H-301	
5.4 CITY-ST-ZIP	DELRAY BCH FL 33484	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jerome Mandelbaum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)