1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N34491

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

Principal Place of Business PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8290

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

1051 SOUTH ROGERS CIRCLE 6300 PARK OF COMMERCE BLVD. **BOCA RATON FL 33487-8290**

Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90040 020 ****61.25



Applied For

3. Date Incorporated or Qualifed

10/02/1989

4. FEI Number

Suite, Apt. :	#, etc.	Suite, Apt	. m, etc.				- 04F0000		 	100.0.	
2		27				6:	5-0158282		Not	Applicable	
City & State City & State			ste			5. Certifcate of Status Desired			\$8.75 Ad	T I	
3	28						o. Certificate of Status Desired		Fee Required		
Zip	. Country	Zip	c	untry		- 6. El	ection Campaign Financii	ng 🖂	- \$5.00 N	∧ay Be · -	
4	25	29	30				ust Fund Contribution		Added to	Fees	
····'	9. Name and Address of Current F		10. Name and Address of New Registered Agent								
				81	Name						
SWATT, MYRON PRIME MANAGEMENT GROUP					82 Street Address (P.O. Box Number is Not Acceptable)						
					Street Addre	955 (F.O.	. BOX MUMBER IS NOT ACC	ρωσιο			
•											
6300 PARK OF COMMERCE BLVD.										- ,	
BOCA RATON FL 33487					City		0	F	EL 85 Zip C	ode	
44	to the provisions of Sections 617.0502 a	ad 617 1500 E	lorida Statutas, the	above	-named come	oration si	ubmits this statement for	he numose	of changing its r	egistered	
office or re	arietared egent or both in the State of	FIORICA SUCH CE	ianda was aumorizi	3U DV	ane corporado	n's boar	d of directors. I hereby ac	cept the ap	pointment as reg	istered	
agent. I ai	n familiar with, and accept the obligation	ns of, Section 6	17.0503, Florida Sta	itutes	•						
SIGNATURE Streature, based or crimted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Signature, typed or printed name of registered agent as		(NOTE: Register		t signature required		DITIONS/CHANGES TO		AND DIRECTOR	RS IN 12	
12.	OFFICERS AND			TITLE	15-		DITIONOIO II II IO CO		, Change	Addition	
TITLE	PD	. L			i -	, f) .	/ Canonigo		
NAME	PARIS, ELLIOTT			NAME		11.		1 -	· (-) -		
STREET ADDRESS	15461 PEMBRIDGE DR #309		1.3	STREET	ADDRESS	· .	S ame:		٠,	1	
CITY-ST-ZIP	DELRAY BEACH FL 33484			CITY-S	r-ZIP		·				
TITLE	VPDT		DELETE 2.1	TITLE	TI	D	HERB KR 5461 Hemb	AME	Change	Addition	
NAME	MELTZER, JACK	•	2.2	NAME			MEND		NO # 1	الحا	
STREET ADDRESS	15461 PEMBRIDGE DR #207		2.3	STREET	ADDRESS	1	5461 Hemio	riage			
CITY-ST-ZIP	DELRAY BEACH FL 33484		2.4	CITY-S	T-ZIP		Dollar De	ach,	<u>+L 331</u>	484	
TITLE	D		DELETE 3.1	TITLE		•		, ,	Change	☐ Addition	
NAME	D'ATTOMA, JOE		3.2	NAME	1 -	_				. [
STREET ADDRESS	15461 PEMBRIDGE DRIVE #304		3.3	STREET	ADORESS	2	ane		٠. ,	. 1	
CITY-ST-ZIP	DELRAY BEACH FL 33484		3.4	CITY-S	T-ZIP		•		,		
TITLE	SD			TILE					☐ Change	☐ Addition	
NAME	HOFFMAN, SYD		. 4.2	NAME		_ d	^				
STREET ADDRESS	15461 PEMBRIDGE DR., APT. 301	}			ADDRESS	20	ane	•			
CITY-ST-ZIP	DELRAY BEACH FL 33484	•		CITY-S	1			•			
TITLE	D	٦٠٦	DELETE 5.1	TIŢLE	17.	1.2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+	∫ Change	☐ Addition	
NAME	BENDA. ALEX		5.2	NAME					17.		
STREET ADDRESS	15461 PEMBRIDGE DR		5.3	STREET	ADORESS			٠. ن	1_2, T	. '	
CITY-ST-ZIP	DELRAY BCH FL 33484		5.4	CITY-S	T-ZIP	1,		771	<u> </u>	1	
TITLE .	CELLUTY BOTT IE CO.		DELETE 6.1	TITLE				1.	☐ Change	Addition	
NAME			6.2	NAME						`]	
STREET ADDRESS	• • •		6.3	STREE	ADDRESS				•		
·			64	CITY-S	T-ZIP					,	
CITY-ST-ZIP	pertify that the information supplied with	this filing does r			1	Section 1	19.07(3)(i). Florida Statut	es. I further	certify that the in	formation	

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.