

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34491

1. Entity Name

WATSEEDGE AT THE LAKES OF DELRAY CONDOMINIUM H

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90134 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP  
 6300 PARK OF COMMERCE BLVD.  
 BOCA RATON FL 33487-8290  
 US

1051 SOUTH ROGERS CIRCLE  
 6300 PARK OF COMMERCE BLVD.  
 BOCA RATON FL 33487-8229  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0158282

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWATT, MYRON  
 PRIME MANAGEMENT GROUP  
 6300 PARK OF COMMERCE BLVD.  
 BOCA RATON FL 33487

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

**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 PARIS, ELLIOTT  
 STREET ADDRESS 15461 PEMBRIDGE DR #309  
 CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME KRAFITZ, HERB  
 STREET ADDRESS 15461 PEMBRIDGE DR #201  
 CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS 15461 PEMBRIDGE DR #201  
 CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D  Delete  
 NAME D'ATTOMA, JOE  
 STREET ADDRESS 15461 PEMBRIDGE DRIVE #304  
 CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS 15461 Pembbridge Dr. #102  
 CITY-ST-ZIP Delray Bch Fl 33484

TITLE SD  Delete  
 NAME HOFFMAN, SYD  
 STREET ADDRESS 15461 PEMBRIDGE DR., APT. 301  
 CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS 15461 Pembbridge Dr #111  
 CITY-ST-ZIP Delray Bch Fl 33484

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS 15461 Pembbridge Dr. #207  
 CITY-ST-ZIP Delray Bch Fl 33484

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS 15461 PEMBRIDGE DR #304  
 CITY-ST-ZIP DELRAY BEACH FL 33484

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: HERBERT KRAFITZ 1-21-00 496 7076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)