


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90042 006 ****61.25

DOCUMENT # N34491

1. Entity Name
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 US**

Mailing Address
**6300 PARK OF LONGERCE BLVD
 BOCA RATON, FL 33487 US**

60025162



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04022008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0158282

Applied For
 Not Applicable

City & State

Zip Country

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANDELBAUM, JERRY
 15461 PEMBRIDGE DR 303
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARIS, ELLIOTT 15461 PEMBRIDGE DR #309 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWARTZ, EVELYN 15461 PEMBRIDGE DR. #102 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, RONALD 15461 PEMBRIDGE DR., #304 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHANTZ, AL 15461 PEMBRIDGE DR., #303 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANDELBAUM, JERRY 15161 PEMBRIDGE DR #113 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jerry Mandelbaum* **4/10/08** (561) 496-7125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #