

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90158 035 \*\*\*\*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  
**1051 SOUTH ROGERS CIRCLE  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON FL 33487-8290  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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

7. Name and Address of New Registered Agent  
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)

**FILE NOW: FEE IS \$61.25**

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                     |  | <input type="checkbox"/> Delete     |
|--|--|-------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>PARIS, ELLIOTT<br/>15461 PEMBRIDGE DR #309<br/>DELRAY BEACH FL 33484</b>           | <input type="checkbox"/>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SCHWARTZ, EVELYN<br/>15461 PEMBRIDGE DR. #102<br/>DELRAY BEACH FL 33484</b>         | <input type="checkbox"/>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <del><b>PD<br/>KRAVITZ, HERB<br/>15461 PEMBRIDGE DR #201<br/>DELRAY BEACH FL 33484</b></del> | <input checked="" type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ZVP<br/>MELTZER, JACK<br/>15461 PEMBRIDGE DR. #207<br/>DELRAY BEACH FL 33484</b>          | <input type="checkbox"/>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MANDELBAUM, JERRY<br/>15161 PEMBRIDGE DR #113<br/>DELRAY BEACH FL 33484</b>         | <input type="checkbox"/>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/>            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>SHIRLEY-NEMIROFF<br/>15461 PEMBRIDGE DR #210<br/>DELRAY BEACH, FL 33484</b> | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/>        | <input type="checkbox"/>          |

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: *Jerry Mandelbaum* **JERRY MANDELBAUM** 1/17/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)