

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 # N51249 (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**PRIME MANAGMENT GROUP
BOCA RATON FL 33487
US**

~~1051 SOUTH ROGERS CIRCLE~~
**BOCA RATON FL 33487
US**



3. Date Incorporated or Qualified
10/12/1992

3a. Date of Last Report
04/27/1995

4. FEI Number
65-0445753

Applied For
Not Applicable

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

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

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

2. Principal Place of Business

2a. Mailing Address

21 PRIME MANAGEMENT GROUP, INC.
Suite, Apt. #, etc. **6300 PARK OF COMMERCE BLVD.**

22 BOCA RATON, FL 33487-5290

23 City & State

24 Zip **25 Country**

28 City & State

29 Zip **30 Country**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWATT, MYRON
PRIME MANAGEMENT GROUP INC
~~1051 S ROGERS CIRCLE~~
BOCA RATON FL 33487**

81 Name
MYRON J. SWATT
82 Street Address (P.O. Box Number is Not Acceptable)
PRIME MANAGEMENT GROUP, INC.
83 6300 PARK OF COMMERCE BLVD.
84 City **BOCA RATON, FL 33487-5290** **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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOLOMON, JACK	
STREET ADDRESS	15365 LAKES OF DELRAY BLVD #113	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIMON, DEANNA	
STREET ADDRESS	15365 LAKES OF DELRAY BLVD #202	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SUPERMAN MURRAY ARTHUR ROBB	
STREET ADDRESS	15365 LAKES OF DELRAY BLVD #202 110	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARIS, AL	
STREET ADDRESS	15365 LAKES OF DELRAY BLVD #111	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BAROAS, LEE PHILLIP DOLINGER	
STREET ADDRESS	15365 LAKES OF DELRAY BLVD., SUITE 312	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACK SOLOMON	
1.3 STREET ADDRESS	45365 LAKES OF DELRAY BLVD J-113	
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	DEANNA SIMON	
2.3 STREET ADDRESS	45365 LAKES OF DELRAY BLVD J-202	
2.4 CITY-ST-ZIP	DELRAY BCH FL 33484	
3.1 TITLE	2nd VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AL PARIS	
3.3 STREET ADDRESS	45365 LAKES OF DELRAY BLVD J-111	
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	PHIL DOLINER	
4.3 STREET ADDRESS	45365 LAKES OF DELRAY BLVD J-312	
4.4 CITY-ST-ZIP	DELRAY BEACH FL 33484	
5.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ARTHUR ROBB	
5.3 STREET ADDRESS	45365 LAKES OF DELRAY BLVD J-110	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Solomon Pres.
JACK SOLOMON

3/11/96 **(407) 495-7408**
Date Daytime Phone

CR2E037 (12/95)