

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51249** (3)

1. Corporation Name

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



Principal Place of Business PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487-8290 US		Mailing Address PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8290 US		3. Date Incorporated or Qualified 10/12/1992	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 65-0445753 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent SWATT, MYRON PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SOLOMON, JACK	1.2 NAME	SOLOMON, JACK
STREET ADDRESS	15365 LAKES OF DELRAY BLVD #113	1.3 STREET ADDRESS	15365 LKS OF DLRY BLVD #113
CITY-ST-ZIP	DELRAY BCH. FL	1.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	VD	2.1 TITLE	VPD
NAME	SIMON, DEANNA	2.2 NAME	PARIS, AL
STREET ADDRESS	15365 LAKES OF DELRAY BLVD. J202	2.3 STREET ADDRESS	15365 LKS OF DLRY BLVD #111
CITY-ST-ZIP	DELRAY BCH. FL	2.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	SD	3.1 TITLE	COHAN, RAY
NAME	ROBB, ARTHUR	3.2 NAME	COHAN, RAY
STREET ADDRESS	15365 LAKE OF FDELRAY BLVD. #110	3.3 STREET ADDRESS	15365 LKS OF DLRY BLVD #110
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	D	4.1 TITLE	TD
NAME	PARIS, AL	4.2 NAME	SCHLAEFER, SEYMOUR
STREET ADDRESS	15365 LAKES OF DELRAY BLVD #111	4.3 STREET ADDRESS	15365 LKS OF DLRY BLVD #303
CITY-ST-ZIP	DELRAY BCH. FL	4.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	TD	5.1 TITLE	SD
NAME	SCHLAEFER, SEYMOUR	5.2 NAME	ROBB, ARTHUR
STREET ADDRESS	15365 LAKES OF DELRAY BLVD #303	5.3 STREET ADDRESS	15365 LKS OF DLRY BLVD #110
CITY-ST-ZIP	DELRAY BCH. FL	5.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Seymour Schlaefter* SEYMOUR SCHLAEFER 10/18 161-449-921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CFR2E037 (10/97)