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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51249

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/12/1992

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SOLOMON, JACK
STREET ADDRESS 15365 LAKES OF DELRAY BLVD #113
CITY-ST-ZIP DELRAY BCH. FL 33484

☐ DELETE

TITLE VD
NAME SIMON, DEANNA
STREET ADDRESS 15365 LAKES OF DELRAY BLVD. J202
CITY-ST-ZIP DELRAY BCH. FL

☒ DELETE

TITLE SD
NAME ROBB, ARTHUR
STREET ADDRESS 15365 LAKE OF FDELRAY BLVD. #110
CITY-ST-ZIP DELRAY BEACH FL 33484

☐ DELETE

TITLE VPD
NAME PARIS, AL
STREET ADDRESS 15365 LAKES OF DELRAY BLVD #111
CITY-ST-ZIP DELRAY BCH. FL 33484

☐ DELETE

TITLE TD
NAME SCHLAEFER, SEYMOUR
STREET ADDRESS 15365 LAKES OF DELRAY BLVD #303
CITY-ST-ZIP DELRAY BCH. FL 33484

☐ DELETE

TITLE D
NAME COHAN, RAY
STREET ADDRESS 15365 LKS OF DELRAY BCH #210
CITY-ST-ZIP DELRAY BCH FL 33484

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Seymour Schlaffer SEYMOUR SCHLAEFER 4/8/99 561-499-931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)