

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90040 035 \*\*\*\*61.25

**DOCUMENT # N51249**

1. Entity Name

**WATERSEdge AT THE LAKES OF DELRAY CONDOMINIUM J**

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP INC  
 6300 PARK OF COMMERCE BLVD.  
 BOCA RATON FL 33487-8290  
 US

PRIME MANAGEMENT GROUP INC  
 6300 PARK OF COMMERCE BLVD.  
 BOCA RATON FL 33487-8229  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0445753**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOLOMON, JACK	
STREET ADDRESS	15365 LAKES OF DELRAY BLVD #113	
CITY-ST-ZIP	DELRAY BCH. FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBB, ARTHUR	
STREET ADDRESS	15365 LAKE OF FDELRAY BLVD. #110	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PARIS, AL	
STREET ADDRESS	15365 LAKES OF DELRAY BLVD #111	
CITY-ST-ZIP	DELRAY BCH. FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHLAEFER, SEYMOUR	
STREET ADDRESS	15365 LAKES OF DELRAY BLVD #303	
CITY-ST-ZIP	DELRAY. BCH. FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHAN, RAY	
STREET ADDRESS	15365 LKS OF DELRAY BCH #210	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schneider, Norman	
STREET ADDRESS	15365 Lakes of Delray Blvd #302	
CITY-ST-ZIP	Delray Bch FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cohan Raymond	
STREET ADDRESS	15365 Lakes of Delray Blvd #210	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Jack Solomon*  
 SIGNATURE REQUIRED

1/20/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)