


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90016 035 \*\*\*\*61.25

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<b>DOCUMENT # N51249</b>			
1. Entity 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01252005		Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0445753		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: <u>NORMAN SCHNEIDER</u> Street Address (P.O. Box Number is Not Acceptable): <u>15365 LAKES OF DELRAY</u> <u>BLVD # 309</u> 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: <u>Norman Schneider Pres.</u>		DATE: <u>2/8/05</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, NORMAN	NAME	
STREET ADDRESS	15365 LAKES OF DELRAY BLVD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH., FL 33484	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, CYNTHIA	NAME	
STREET ADDRESS	15365 LAKES OF DELRAY BLVD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, MURRAY	NAME	<u>VPD STANLEY PORNOY</u>
STREET ADDRESS	15365 LAKES OF DELRAY BLVD	STREET ADDRESS	<u>15365 LAKES OF DELRAY BLVD</u>
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	<u>DELRAY BEACH FL 33484</u>
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIBLO, SID	NAME	
STREET ADDRESS	15365 LAKES OF DELRAY BLVD., #307	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH., FL 33484	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHAN, RAYMOND	NAME	
STREET ADDRESS	15365 LAKES OF DELRAY BLVD., #210	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 33484	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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: <u>Norman Schneider Pres</u>		DATE: <u>2/8/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	