


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90094 049 ****61.25

DOCUMENT # N51249

1. Entity Name
WATERSEDGE AT THE LAKES OF DELRAY CONDOMINIUM J ASSOCIATION, INC.



Principal Place of Business Mailing Address

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

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 6300 PARK OF COMMERCE BLVD.
 BOCA RATON FL 33487-8290
 US**



2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**SCHNEIDER, NORMAN
 15365 LAKES OF DELRAY BLVD
 #302
 BOCA RATON FL 33487**

4. FEI Number **65-0445753** Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: SCHNEIDER, NORMAN STREET ADDRESS: 15365 LAKES OF DELRAY BLVD CITY-ST-ZIP: DELRAY BCH. FL 33484	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: SCHULTZ, CYNTHIA STREET ADDRESS: 15365 LAKES OF DELRAY BLVD CITY-ST-ZIP: DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE: VPD NAME: PORTNOY, STANLEY STREET ADDRESS: 15365 LAKES OF DELRAY BLVD CITY-ST-ZIP: DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE: TD NAME: BIBLO, SID STREET ADDRESS: 15365 LAKES OF DELRAY BLVD., #307 CITY-ST-ZIP: DELRAY BCH. FL 33484	<input type="checkbox"/> Delete
TITLE: VPD NAME: COHAN, RAYMOND STREET ADDRESS: 15365 LAKES OF DELRAY BLVD., #210 CITY-ST-ZIP: DELRAY BCH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: JACK SOLOMON SOLOMON, JACK #113 STREET ADDRESS: 15365 LAKES OF DELRAY BLVD CITY-ST-ZIP: DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: COHEN SAMUEL STREET ADDRESS: 15365 LAKES OF DELRAY BLVD #305 CITY-ST-ZIP: DELRAY BEACH, FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Sidney Biblo Treasurer 2/22/06 499-9151