


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90180 025 ****61.25

DOCUMENT # N51249

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**

60033252



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04022008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0445753

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**SOLOMON, JACK
 15365 LAKES OF DELRAY BLVD
 #113
 BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **Ellen Biblo**

Street Address (P.O. Box Number is Not Acceptable)
**15365 Lakes of Delray Blvd.
 Apt 307**

City **Delray Beach FL** Zip Code **33484**

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 Ellen Biblo - President of Board 4/21/08 DATE

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, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SOLOMON, JACK 15365 LAKES OF DELRAY BLVD DELRAY BCH., FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHULTZ, CYNTHIA 15365 LAKES OF DELRAY BLVD DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PORTNOY, STANLEY 15365 LAKES OF DELRAY BLVD DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COHEN, SAMUEL 15365 LAKES OF DELRAY BLVD 305 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Brandow, Jack 15365 Lakes of Delray Blvd Delray Bch 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Biblo, Ellen 15365 LK of Delray Blvd Delray Bch 33484	<input checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Ellen Biblo 4/21/08 561-499-9151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #