## 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.



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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 - No P.O. Box #		3. Mailing Address					] [[[]] []]] []]	<b>                                    </b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04022008	Chg-NP	CR2E03	7 (12/06)			
City & State		City & State			4. FEI Numbe 65-044	00.0445350			Applicable		
Zip Country		Zip Coun		1	5. Certificate of Status Desired		\$8.75 Additional Fee Required				
	6. Name	and Address of Current I	Registered Agent			7. Name and	Address of New F	Registered A	gent		
SOLOMON, JACK				<u> </u>	Name Ellen Biblo						
15365 LAKES OF DELRAY BLVD #113				Street Address			(P.O. Box Number is Not Acceptable Delray Blud.				
BOCA RATON, FL 33487				City			p † 30 7				
					De	Iray	Deach	, FL	334	84	
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 Clean Bible - President of Board 4/21/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)  DATE											
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.			<b>\$</b> 5.00		lake check	navahle to		
	_			, .		\$5.00 May B Added to Fees			tment of Sta		
	_		Trust Fund (	, .		Added to Fees		rida Depart	tment of Sta	ate	
***	_	lay 1, 2008	Trust Fund (	Contribution.		Added to Fees	Floa	rida Depart	RECTORS IN	ate	
10.	Due by M	OFFICERS AND DIF	Trust Fund (	Contribution.		Added to Fees	Floa	rida Depart	RECTORS IN	10 Addition	
10.	PD SOLOMO	OFFICERS AND DIF	Trust Fund (	11. TITLE NAME STREET A	DORESS J.S.	Added to Fees	Floa	RS AND DIF	TECTORS IN Change	10	
10. TITLE NAME	PD SOLOMOI 15365 LAN	OFFICERS AND DIF	Trust Fund (	11. TITLE NAME	DORESS J.S.	Added to Fees	Flo	rida Depart	TECTORS IN Change	10 Addition	
10. TITLE NAME STREET ADDRESS	PD SOLOMOI 15365 LAN	OFFICERS AND DIF N, JACK KES OF DELRAY BLVE	Trust Fund (	11. TITLE NAME STREET A	DORESS J.S.	Added to Fees	Floa	RS AND DIF	TECTORS IN Change	10 Addition	
TIO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	PD SOLOMO 15365 LAI DELRAY E SD SCHULTZ	OFFICERS AND DIF N, JACK KES OF DELRAY BLVE BCH., FL 33484	Trust Fund (	11. ITTLE NAME STREET AL CITY-ST- TITLE NAME	DORESS POR	Added to Fees  ADDITIONS/CH	Tack Kes of	rida Depart PRS AND DIF Oely CO 334	Change  Change	10 Addition	
TIO.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS	PD SOLOMOI 15365 LAI DELRAY I SD SCHULTZ 15365 LAI	OFFICERS AND DIF N, JACK KES OF DELRAY BLVE BCH., FL 33484 , CYNTHIA KES OF DELRAY BLVE	Trust Fund (	11.  ITTLE NAME STREET AL CITY-ST- TITLE NAME STREET AL STREET AL	DORESS PORESS	Added to Fees  ADDITIONS/CH	Floa	rida Departers and DIFC 334	ECTORS IN Change Change Change	10 Addition	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-499-9151