

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90044 009 \*\*\*\*61.25

**DOCUMENT # N20712**

1. Entity Name.

**WATERSEdge AT THE LAKES OF DELRAY II PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

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

4. FEI Number

65-0010626

Applied For

Not Applicable

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 ☐ Delete  
 NAME KLAHR, ZELIG  
 STREET ADDRESS 5574 WITNEY DR. #103  
 CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition  
 NAME KLAHR, ZELIG  
 STREET ADDRESS 15074 WITNEY ROAD #202  
 CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE VPD ☐ Delete  
 NAME MOST, WILLIAM  
 STREET ADDRESS 15074 WITNEY ROAD #202  
 CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ☐ Change ☐ Addition  
 NAME MOST, WILLIAM  
 STREET ADDRESS 5550 WITNEY DR. #112  
 CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE VPD ☐ Delete  
 NAME STULBERGER, RAY  
 STREET ADDRESS 15074 WITNEY RD. #C103  
 CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD ☐ Delete  
 NAME SIEBER, LAWRENCE  
 STREET ADDRESS 5550 WITNEY DR E 313  
 CITY-ST-ZIP DELRAY BCH FL 33484

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD ☐ Delete  
 NAME FRIEDMAN, GILDA  
 STREET ADDRESS 5574 WITNEY DR. #302  
 CITY-ST-ZIP DELRAY BCH FL 33484

TITLE ☐ Change ☐ Addition  
 NAME FRIEDMAN, GILDA  
 STREET ADDRESS 5574 WITNEY DR. #302  
 CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D ☐ Delete  
 NAME FISCHMAN, DANIEL  
 STREET ADDRESS 5550 WITNEY DRIVE #204  
 CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Change ☐ Addition  
 NAME FISCHMAN, DANIEL  
 STREET ADDRESS 5550 WITNEY DR. #204  
 CITY-ST-ZIP DELRAY BEACH, FL 33484

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE SIEBER 3/19/02 1-561-98-3634

Date

Daytime Phone #

CR2E037 (9/01)