

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36113

**Entity Name:** WATSEEDGE AT THE LAKES OF DELRAY CONDOMINIUM I  
ASSOCIATION, INC.**FILED**  
**Feb 19, 2015**  
**Secretary of State**  
**CC5486522640****Current Principal Place of Business:**FIRSTSERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BOULEVARD  
BOCA RATON, FL 33487**Current Mailing Address:**6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487-8290 US**FEI Number: 65-0307167****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SACHS SAX CAPLAN  
6111 BROKEN SOUND PARKWAY NW  
BOCA RATON,, FL 33487 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	TD
Name	HECHT, BURTON
Address	15324 LAKES OF DELRAY BLVD #113
City-State-Zip:	DELRAY BEACH FL 33484

Title	SD
Name	MELLION, MILTON
Address	15324 LAKES OF DELRAY BLVD #110
City-State-Zip:	DELRAY BEACH FL 33484

Title	D
Name	COHEN, DANIEL
Address	15324 LAKES OF DELRAY BLVD #112
City-State-Zip:	DELRAY BEACH FL 33484

Title	PRESIDENT
Name	GLASSMAN, DAVID
Address	15324 LAKES OF DELRAY BLVD UNIT 208
City-State-Zip:	DELRAY BEACH FL 33484

Title	1STVP
Name	ROTH, LEONARD
Address	15324 LAKES OF DELRAY BLVD. UNIT 214
City-State-Zip:	DELRAY BEACH FL 33484

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID GLASSMAN****PRESIDENT****02/19/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date