

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N13440 (5)**

1. Corporation Name

**WATERSEGE AT THE LAKES OF DELRAY PROPERTY OWNER  
S ASSOCIATION, INC. *Z***



Principal Place of Business

Mailing Address

C/O HERB ADELMAN  
220 CONGRESS PARK DRIVE, SUITE 200  
DELRAY BEACH FL 33484  
US

5598 WITNEY DRIVE  
#212  
DELRAY BEACH FL 33484  
US

3. Date Incorporated or Qualified  
**02/14/1986**

3a. Date of Last Report  
**02/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 **5598 WITNEY DRIVE**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **\* 212**

27

City & State

City & State

23 **DELRAY BEACH FL**

28

Zip

Zip

24 **33484** Country **U.S.A.**

29

25 **DELRAY BEACH**

30

4. FEI Number  
**59-2766141**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADELMAN, HERBERT  
5598 WITNEY DRIVE, #212  
DELRAY BCH. FL 33484

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD NEUMANN, SOL**  
STREET ADDRESS **5598 WITNEY DR B313**  
CITY-ST-ZIP **DELRAY BCH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME **SD COULTON, HY**  
STREET ADDRESS **5598 WITNEY DRIVE #307**  
CITY-ST-ZIP **DELRAY BCH FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD ADELMAN, HERB**  
STREET ADDRESS **5598 WITNEY DR., #B212**  
CITY-ST-ZIP **DELRAY BCH. FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD ROBINS, JEANETTE**  
STREET ADDRESS **15075 WITNEY ROAD #303**  
CITY-ST-ZIP **DELRAY BCH. FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD FRIEDMAN, RUTH**  
STREET ADDRESS **15075 WITNEY ROAD, APT. 207**  
CITY-ST-ZIP **DELRAY BCH FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD AUFMAN, SELMA**  
STREET ADDRESS **15075 WITNEY ROAD APT 110**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

2.2 NAME ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/18/96** Daytime Phone **(407) 495-9585**

CR2E037 (12/95)