

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N13440 (5)

1. Corporation Name

WATERSEdge AT THE LAKES OF DELRAY PROPERTY OWNER  
S ASSOCIATION, INC. I

Principal Place of Business

Mailing Address

5598 WITNEY DRIVE  
SUITE 212  
DELRAY BEACH FL 33484  
US5598 WITNEY DRIVE  
#212  
DELRAY BEACH FL 33484-4007  
US3. Date Incorporated or Qualified  
02/14/19863a. Date of Last Report  
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2766141

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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          | PD                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | NEUMANN, SOL                |  |
| STREET ADDRESS | 5598 WITNEY DR B313         |  |
| CITY-ST-ZIP    | DELRAY BCH FL               |  |
| TITLE          | VD                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | KAUFMAN, SELMA              |  |
| STREET ADDRESS | 15075 WITNEY ROAD APT. 110  |  |
| CITY-ST-ZIP    | DELRAY BEACH FL             |  |
| TITLE          | TD                          | <input type="checkbox"/> DELETE            |
| NAME           | ADELMAN, HERB               |  |
| STREET ADDRESS | 5598 WITNEY DR., #B212      |  |
| CITY-ST-ZIP    | DELRAY BCH. FL              |  |
| TITLE          | VD                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | ROBINS, JEANETTE            |  |
| STREET ADDRESS | 15075 WITNEY ROAD #303      |  |
| CITY-ST-ZIP    | DELRAY BCH. FL              |  |
| TITLE          | VD                          | <input type="checkbox"/> DELETE            |
| NAME           | FRIEDMAN, RUTH              |  |
| STREET ADDRESS | 15075 WITNEY ROAD, APT. 207 |  |
| CITY-ST-ZIP    | DELRAY BCH FL               |  |
| TITLE          |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

|                    |                       |  |
|--------------------|-----------------------|--|
| 1.1 TITLE          | SECRETARY/DIRECTOR    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | COULTON, HY           |  |
| 1.3 STREET ADDRESS | 5598 WITNEY DRIVE     |  |
| 1.4 CITY-ST-ZIP    | DELRAY BEACH FL 33484 |  |
| 2.1 TITLE          | VICE PRES/DIRECTOR    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | LEPER, NATALIE        |  |
| 2.3 STREET ADDRESS | 15075 WITNEY ROAD     |  |
| 2.4 CITY-ST-ZIP    | DELRAY BEACH FL 33484 |  |
| 3.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                       |  |
| 3.3 STREET ADDRESS |                       |  |
| 3.4 CITY-ST-ZIP    |                       |  |
| 4.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                       |  |
| 4.3 STREET ADDRESS |                       |  |
| 4.4 CITY-ST-ZIP    |                       |  |
| 5.1 TITLE          | PRESIDENT/DIRECTOR    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                       |  |
| 5.3 STREET ADDRESS |                       |  |
| 5.4 CITY-ST-ZIP    |                       |  |
| 6.1 TITLE          | VICE-PRES/DIRECTOR    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | MERMELESTEN MORRIS    |  |
| 6.3 STREET ADDRESS | 5598 WITNEY DRIVE     |  |
| 6.4 CITY-ST-ZIP    | DELRAY BEACH FL 33484 |  |

14. I do 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 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: Herbert Adelman HERBERT ADELMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/8/97 (81) 495-9585  
Daytime Phone # 0044893

CR2E037 (9/96)