

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N13440**

1. Entity Name

WATERSEEDGE AT THE LAKES OF DELRAY PROPERTY OWNER *Assy. Inc.***FILED**

00 JAN 12 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5598 WITNEY DRIVE
SUITE 212
DELRAY BEACH FL 33484
US5598 WITNEY DRIVE
#212
DELRAY BEACH FL 33484-4007
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2766141

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	COULTON, HY	5598 WITNEY DRIVE	DELRAY BCH FL 33484	VPD	GREENBERG, JENNY	5598 WITNEY DRIVE	DELRAY BCH FL 33484
TD	ADELMAN, HERB	5598 WITNEY DR., #B212	DELRAY BCH FL 33484				
VPD	KRAVITZ, SANDRA	15075 WITNEY RD	DELRAY BCH FL 33484	PD			
VPD	FRIEDMAN, RUTH	15075 WITNEY ROAD, APT. 207	DELRAY BCH FL 33484	PD	LS		
SD	STONE, GERALD	5598 WITNEY DRIVE #106	DELRAY BCH FL 33484				
				VPD	TELSEY, MARVIN	15075 WITNEY ROAD	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

Date

Daytime Phone #

CR2E037 (9/99)