2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N13440



FILED Feb 02, 2005 8:00 am Secretary of State

1. Entity Name WATERSEDGE AT THE LAKES OF DELRAY PROPERTY OWNERS ASSOCIATION, INC.						2-02-2005 900	-		
Principal Plac	e of Business	Mailing Address		· · · ·					
5598 WITHEY DRIVE SUITE 212 DELRAY BEACH FL 33484 US		5598 WITNEY DRIVE #212 DELRAY BEACH FL 33484 US			 	18) 14888 ((() 81811 6 1811 8		III IIIVI 11816 911	111 1 1 Si ladi
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/04)				
City & State		City & State		4. FEI Number 59-2766141			<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	·	5. Certificate of	Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Ad	idress of New Re	gistered A	gent	,
ADE	ELMAN, HERBERT		Nai		P.O. Box Number i	Not Acceptable	<u> </u>		
559	8 WITNEY DRIVE, #212 RAY BCH. FL 33484						<u></u>		
			City	ý			FL	Žip Cod	e .
	named entity submits this statement for	or the purpose of changing its	s registered offi	ice or register	ed agent, or both,	in the State of Flor	rida. I am f	amiliar with,	and accept
the obliga	tions of registered agent.				· •				
							- -7		
SIGNATURE	Signature, typed or printed name of registered agent	it and title if applicable. (NO	TF. Registered Agent	signature required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Ca Trust Fund	Registered Agent Impaign Financ Contribution.	ing	\$5.00 May Be Added to Fees	Florid	DATE (e Check a Depart	Payable ment of \$	State
	Signature, typed or printed name of registered agen FILE NOW: FEE IS \$61.25 Due By May 1, 2005 OFFICERS AND D	9. Election Ca Trust Fund	mpaign Financ Contribution.	ing	\$5.00 May Be	Florid	DATE (e Check a Depart	Payable ment of S	State
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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:

Kerbert Celebrar SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR