

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2008 8:00 am**  
**Secretary of State**

02-21-2008 90018 037 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                                                     |                                                                                       |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N13440</b><br>1. Entity Name<br><b>WATERSEdge AT THE LAKES OF DELRAY PROPERTY OWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                                                     |                                                                                       |                                                     |  |
| Principal Place of Business<br><b>5598 WITHEY DRIVE<br/>SUITE 212<br/>DELRAY BEACH FL 33484<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                                                                     | Mailing Address<br><b>5598 WITNEY DRIVE<br/>#212<br/>DELRAY BEACH FL 33484<br/>US</b> |                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              | 3. Mailing Address                                                                  |                                                                                       |                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              | Suite, Apt. #, etc.                                                                 |                                                                                       |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | City & State                                                                        |                                                                                       |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                                      | Zip                                                                                 | Country                                                                               | 4. FEI Number <b>59-2766141</b>                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                                                     |                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ADELMAN, HERBERT<br/>5598 WITNEY DRIVE, #212<br/>DELRAY BCH. FL 33484</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                                                                     |                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                                                                                     |                                                                                       |                                                                                                                                      |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature not used when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                     |                                                                                       |                                                                                                                                      |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                       | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                               |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                     |                                                                                       |                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                          |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TD<br>ADELMAN, HERB<br>5598 WITNEY DR., #B212<br>DELRAY BCH. FL 33484        | <input checked="" type="checkbox"/> Delete                                          |                                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SD<br>ROBINS, JEANETTE<br>15079 WITNEY RD SUITE 303<br>DELRAY BEACH FL 33484 | <input type="checkbox"/> Delete                                                     |                                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VD<br>CAMEL, JOEL<br>5598 WITNEY DR<br>DELRAY BEACH FL 33484                 | <input type="checkbox"/> Delete                                                     |                                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VD<br>ELLMAN, DORIS<br>15075 WITNEY RD SUITE 208<br>DELRAY BEACH FL 33484    | <input type="checkbox"/> Delete                                                     |                                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PD<br>TROKIE, JERRY<br>15075 WITNEY RD<br>DELRAY BEACH FL 33484              | <input checked="" type="checkbox"/> Delete                                          |                                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PD<br>GELFAND, MARK<br>5598 WITNEY DR #<br>DELRAY BEACH FL 33484             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PD<br>MERTELSTEIN, MARRIS<br>5598 WITNEY DR #107<br>DELRAY BEACH FL 33484    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |                                                                                       |                                                                                                                                      |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Joel Camel</i> <b>CAMEL</b> <i>2/11/08 (561) 637-8808</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                                                                     |                                                                                       |                                                                                                                                      |  |