## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13441

FILED Mar 30, 2009 Secretary of State

Entity Name: WATERSEDGE AT THE LAKES OF DELRAY CONDOMINIUM A ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** PRIME MANAGEMENT GROUP 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 **New Mailing Address: Current Mailing Address:** PRIME MANAGEMENT GROUP 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 FEI Number: 59-2739147 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRAVITZ, SANDRA ELLMAN, MORRIE 15075 WITNEY RD 15075 WITNEY RD **APT 208** APT 113 DELRAY BEACH, FL 33484 US DELRAY BEACH, FL 33484 US 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: MORRIE ELLMAN 03/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CHANOFSKY, SANDRA Name: Name: 15075 WHITNEY RD #311 Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: VPD ( ) Delete Title: () Change () Addition TROKIE, JERRY Name: Name: Address: 15075 WHITNEY RD 109 Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition KRAVITZ, SANDRA JACOBS, HARRIS Name: Name: 15075 WITNEY RD #213 Address: 15075 WITNEY RD #113 Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484 Title: () Delete Title: ( ) Change (X) Addition Name: Name: ELLMAN, MORRIE 15075 WITNEY RD #208 Address: Address: City-St-Zip: City-St-Zip: DELRAY BEACH, FL 33484 US Title: () Delete Title: ( ) Change (X) Addition KAUFMAN, SELMA Name: Name: 15075 WITNEY RD #110 Address: Address: City-St-Zip: City-St-Zip: DELRAY BEACH, FL 33484 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORRIE ELLMAN P 03/30/2009