

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13442

FILED
Mar 30, 2009
Secretary of State

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

Current Principal Place of Business:

5588 WITNEY DRIVE
109
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 334878290 US

New Mailing Address:

FEI Number: 59-2742929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMIEL, JOEL J
5598 WITNEY DR.
STE. 109
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMIEL, JOEL
Address: 5598 WITNEY DR SUITE 109
City-St-Zip: DELRAY BCH, FL 33484

Title: VPD () Delete
Name: MERMELSTEIN, MORRIS
Address: 5598 WITNEY DR SUITE 107
City-St-Zip: DELRAY BCH, FL 33484

Title: S () Delete
Name: GREENBERG, JENNIE
Address: 5598 WITNEY DR SUITE 302
City-St-Zip: DELRAY BCH., FL 33484

Title: TD () Delete
Name: SACKS, RICHARD
Address: 5598 WITNEY DR., #304
City-St-Zip: DELRAY BCH, FL 33484

Title: VPD () Delete
Name: GELFAND, MARK
Address: 5398 WITNEY DR. #114
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: NEWMAN, SOL
Address: 5398 WITNEY DR. #313
City-St-Zip: DELRAY BEACH, FL 33484

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: JOEL CAMIEL

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date