

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N20712 (8)**

1. Corporation Name

**WATERSEEDGE AT THE LAKES OF DELRAY II PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**PRIME MANAGEMENT GROUP  
220 CONGRESS PARK DRIVE, SUITE 200  
BOCA RATON FL 33487  
US**

**1051 SOUTH ROGERS CIR.  
DELRAY BEACH FL 33487  
US**

3. Date Incorporated or Qualified  
**05/19/1987**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21. **PRIME MANAGEMENT GROUP, INC.**

26. **PRIME MANAGEMENT GROUP, INC.**

22. **3300 PARK OF COMMERCE BLVD.**

27. **PRIME MANAGEMENT GROUP, INC.**

23. **BOCA RATON, FL 33487-8290**

28. **6300 PARK OF COMMERCE BLVD.**

24. **BOCA RATON, FL 33487-8290**

29. **BOCA RATON, FL 33487-8290**

4. FEI Number  
**65-0010626**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWATT, MYRON  
PRIME MANAGEMENT GROUP, INC.  
1051 SOUTH ROGERS CIRCLE  
BOCA RATON FL 33487**

81. Name **MYRON SWATT**  
82. Street Address **PRIME MANAGEMENT GROUP, INC.**  
83. **6300 PARK OF COMMERCE BLVD.**  
84. City **BOCA RATON, FL 33487-8290**  
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STULBERGER, RAY	
STREET ADDRESS	15074 WITNEY RD., STE. C-103	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLAHR, ZEL	
STREET ADDRESS	15074 WITNEY ROAD #202	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ZIGMAN, MAX	
STREET ADDRESS	5574 WITNEY DRIVE #103	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SIEBER, LAWRENCE	
STREET ADDRESS	5550 WITNEY RD., STE. E-313	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MIGDOL, BERNARD	
STREET ADDRESS	5574 WITNEY DRIVE #102	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOST, WILLIAM	
STREET ADDRESS	5550 WITNEY DRIVE #112	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZIGMAN, MAX	
1.3 STREET ADDRESS	5574 WITNEY DR. #103	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STULBERGER, RAY	
3.3 STREET ADDRESS	15074 WITNEY RD. #C103	
3.4 CITY-ST-ZIP	DELRAY BEACH, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAWRENCE SIEBER**

**March 13, 1996** 407-496-3654  
Date Daytime Phone #

CR2E037 (12/95)