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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N20712** **(8)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487-8290 US	PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD DELRAY BEACH FL 33487-8229 US

3. Date Incorporated or Qualified: 05/19/1987
3a. Date of Last Report: 03/22/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

SWATT, MYRON
PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	ZIGMAN, MAX		1.2 NAME	ZIGMAN, MAX
STREET ADDRESS	5574 WITNEY DR. #103		1.3 STREET ADDRESS	5574 WITNEY DR. #103
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	VD	☐ DELETE	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	KLAHR, ZEL		2.2 NAME	KLAHR, ZEL
STREET ADDRESS	15074 WITNEY ROAD #202		2.3 STREET ADDRESS	15074 WITNEY RD # 202
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	VD	☐ DELETE	3.1 TITLE	D ☐ Change ☐ Addition
NAME	STULBERGER, RAY		3.2 NAME	STULBERGER, RAY
STREET ADDRESS	15074 WITNEY RD. #C103		3.3 STREET ADDRESS	15074 WITNEY RD # 103
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	TD	☐ DELETE	4.1 TITLE	D ☐ Change ☐ Addition
NAME	SIEBER, LAWRENCE		4.2 NAME	MOST, WILLIAM
STREET ADDRESS	5550 WITNEY RD., STE. E-313		4.3 STREET ADDRESS	5550 WITNEY DR. #112
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	SD	☐ DELETE	5.1 TITLE	TD ☐ Change ☐ Addition
NAME	MIGDOL, BERNARD		5.2 NAME	SIEBER, LAWRENCE #313
STREET ADDRESS	5574 WITNEY DRIVE #102		5.3 STREET ADDRESS	5550 WITNEY RD.
CITY-ST-ZIP	DELRAY BCH FL		5.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
TITLE	D	☐ DELETE	6.1 TITLE	SD ☐ Change ☐ Addition
NAME	MOST, WILLIAM		6.2 NAME	MIGDOL BERNARD
STREET ADDRESS	5550 WITNEY DRIVE #112		6.3 STREET ADDRESS	5574 WITNEY DR. #102
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-ST-ZIP	DELRAY BCH., FL 33484

CR2E037 (9/96)

14. I do 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 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 REQUIRED Mary A Tigman 4992702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARY A TIGMAN Daytime Phone # 0045149