

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90055 047 \*\*\*\*61.25

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**DOCUMENT # N20712**

1. Entity Name

**WATERSEdge AT THE LAKES OF DELRAY II PROPERTY OW**

Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487-8290  
USPRIME MANAGEMENT GROUP INC  
6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487-8290  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0010626

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD		<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	ZIGMAN, MAX	5574 WITNEY DR. #103	DELRAY BEACH FL 33484		ZELIG KLAHR		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	VPD		<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	KLAHR, ZEL	15074 WITNEY ROAD #202	DELRAY BEACH FL 33484		WILLIAM MIDST		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VPD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	STULBERGER, RAY	15074 WITNEY RD. #C103	DELRAY BEACH FL 33484				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	TD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SIEBER, LAWRENCE	5550 WITNEY DR E 313	DELRAY BCH FL 33484				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	SD		<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	GORDON, BEA	5574 WITNEY DR #204	DELRAY BCH FL 33484		GILDA FRIEDMAN		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D		<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MOST, WILLIAM	5550 WITNEY DRIVE #112	DELRAY BEACH FL 33484		DANIEL FISCHMAN		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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:

Zelig KLAHR

4/5/01

(561) 995-3984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)