

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90444 033 \*\*\*\*61.25

**DOCUMENT # N20712**

1. Entity Name  
**WATERSEdge AT THE LAKES OF DELRAY II PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**PRIME MANAGEMENT GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487-8290 US**

Mailing Address  
**PRIME MANAGEMENT GROUP INC  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487-8290 US**



2. Principal Place of Business  
**5574 WITNEY DR  
D 202**

3. Mailing Address  
**SAME  
SAME**

04232004 Chg-NP CR2E037 (10/03)

City & State  
**DELRAY BCH FLA**

City & State  
**SAME**

4. FEI Number  
**65-0010626**

Applied For  
☐ Not Applicable

Zip  
**33484**

Country  
**P.B.**

Zip  
**33484**

Country  
**P.B.**

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

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name **BOB FINKEL**  
Street Address (P.O. Box Numbers Not Acceptable) **5574 WITNEY DR D 202**  
**DELRAY BCH**  
City **FL** Zip Code **33484**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert S. Finkel**

Treas.

DATE **4/30/04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
☐ Trust Fund Contribution.

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

Make check payable to  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLAHR, ZELIG 15074 WITNEY RD # 202 DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKEL, ANNE R 5574 WITNEY DR #202 DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STULBERGER, RAY 15074 WITNEY RD. #C103 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIEBER, LAWRENCE 5550 WITNEY DR E 313 DELRAY BCH, FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRIEDMAN, GILDA 5574 WITNEY DR # 302 DELRAY BCH, FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHMAN, DANIEL 5550 WITNEY DR # 204 DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTES, JACK 15074 WITNEY RD, #102 DELRAY BEACH FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COHEN, BERNICE 5550 WITNEY DRIVE, #305 DELRAY BEACH FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STULBERGER, RAY 15074 WITNEY ROAD, #103 DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINKEL, BOB 5574 WITNEY DRIVE, #202 DELRAY BEACH FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROSALYN 5574 WITNEY DRIVE, #213 DELRAY BEACH FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARANT, HERBERT 15074 WITNEY DRIVE, #102 DELRAY BEACH FL 33484	<input type="checkbox"/> Change <input checked="" 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: **Robert S. Finkel**

DATE **4/30/04**

DAYTIME PHONE # **561 498-0165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #