


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90079 026 ****61.25

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|--|---|--|---|--|---|
| DOCUMENT # N20712 1. Entity Name WATERSEdge AT THE LAKES OF DELRAY II PROPERTY OWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 5574 WITNEY DR D 202 DELRAY BEACH, FL 33484 US | | | Mailing Address 6300 PARK OF COMMERCE BOULEVARD BOCA RATON, FL 33487 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 4. FEI Number 65-0010626 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 01052007 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent FINKEL, BOBO 5550 WITNEY DRIVE #102 DELRAY BEACH, FL 33484 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ESTES, JACK 5550 WITNEY DRIVE, #102 DELRAY BEACH, FL 33484 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Alan Aronson 5574 witney Dr D210 Delray Bch FL 33484 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STULBERGER, RAY 18074 WITNEY ROAD, #103 DELRAY BEACH, FL 33484 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP milt Weller 5574 Witney Dr D301 Delray Bch FL 33484 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FINKEL, BOBO 5574 WITNEY DRIVE, #202 DELRAY Bch, FL 33484 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2 VP Leila Sieber 5550 witney Dr E313 Delray Bch FL 33484 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SMITH, ROSALYN 5574 WITNEY DRIVE, #213 DELRAY Bch, FL 33484 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Tre. Bernice Cohen 5550 Witney Dr, Unit 305 Delray Beach 33484 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TARANT, HERBERT 15074 WITNEY DRIVE, #102 DELRAY BEACH, FL 33484 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sec Lenore Cohen 5574 witney Dr C201 Delray Bch FL 33484 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"><input checked="" type="checkbox"/> Delete</div> | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Bernice F. Cohen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <u>4/9/07</u> <small>Daytime Phone: #</small> | | |

BERNICE F. COHEN Treas