

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90040 005 \*\*\*\*65.19

**40067572**



<b>DOCUMENT # N20712</b> 1. Entity Name <b>WATERSEGE AT THE LAKES OF DELRAY II PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5574 WITNEY DR D 202 DELRAY BEACH, FL 33484 US</b>			Mailing Address <b>6300 PARK OF COMMERCE BOULEVARD BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0010626</b>	
5. Certificate of Status Desired - <input type="checkbox"/> - <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FINKEL, BOBO 5550 WITNEY DRIVE #102 DELRAY BEACH, FL 33484</b>			Name <b>MILTON WELLS</b> Street Address (P.O. Box Numbers Not Acceptable) <b>5574 WITNEY DRIVE</b> <b>#301</b> City <b>DELRAY BEACH</b> FL Zip <b>33484</b>		
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 <b>MILTON WELLS</b> <span style="float: right;">4/5/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <input checked="" type="checkbox"/> VP NAME <b>ARONSON, ALAN</b> <input type="checkbox"/> Delete STREET ADDRESS <b>5574 WITNEY DR D-210</b> CITY - ST - ZIP <b>DELRAY BEACH, FL 33484</b>	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Sieber, Larry</b> STREET ADDRESS <b>5556 Witney Dr</b> CITY - ST - ZIP <b>DELRAY BCH FL 33484</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <input checked="" type="checkbox"/> Pres. NAME <b>WELLS, MILTON</b> <input type="checkbox"/> Delete STREET ADDRESS <b>5574 WITNEY DR D-301</b> CITY - ST - ZIP <b>DELRAY BEACH, FL 33484</b>	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Friedman Gida</b> STREET ADDRESS <b>5574 Witney Dr</b> CITY - ST - ZIP <b>DELRAY BCH FL 33484</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
TITLE <input type="checkbox"/> Delete NAME <b>2V</b> STREET ADDRESS <b>SIEBER, LELLA</b> CITY - ST - ZIP <b>5550 WITNEY DR E-313 DELRAY BCH, FL 33484</b>	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <input type="checkbox"/> Delete NAME <b>T</b> STREET ADDRESS <b>COHEN, BERNICE</b> CITY - ST - ZIP <b>5556 WITNEY DR UNIT 305 DELRAY BCH, FL 33484</b>	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <input checked="" type="checkbox"/> S NAME <b>COHEN, LENORE</b> <input type="checkbox"/> Delete STREET ADDRESS <b>15074 WITNEY DR F-201</b> CITY - ST - ZIP <b>DELRAY BEACH, FL 33484</b>	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
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 <b>MILTON WELLS</b> <span style="float: right;">4/5/08 (361) 499-9322</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					