


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90043 029 \*\*\*\*61.25

**DOCUMENT # N20714**

1. Entity Name  
**WATERSEdge AT THE LAKES DELRAY CONDOMINIUM C ASSOCIATION, INC.**



Principal Place of Business  
**PRIME MANAGMENT GROUP**  
**6300 PARK OF COMMERCE GROUP, INC.**  
**BOCA RATON, FL 33487 US**

Mailing Address  
**PRIME MANAGMENT GROUP**  
**6300 PARK OF COMMERCE GROUP, INC.**  
**BOCA RATON, FL 33487 US**

**40052396**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01052007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2827726</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEINER, KEN 15074 WITNEY ROAD #203 DELRAY BEACH, FL 33484			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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEINER, KEN		NAME		
STREET ADDRESS	15074 WITNEY RD #203		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL 33484		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, RITA		NAME		
STREET ADDRESS	15074 WITNEY RD #109		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL 33484		CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STULBERGER, RAY		NAME	Daniel Feller	
STREET ADDRESS	15074 WITNEY RD #103		STREET ADDRESS	15074 Witney Rd # 201	
CITY - ST - ZIP	DELRAY BEACH, FL 33484		CITY - ST - ZIP	Delray Bch FL 33484	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MARVIN		NAME		
STREET ADDRESS	15074 WITNEY RD #201		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL 33484		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ANN		NAME		
STREET ADDRESS	15074 WITNEY RD #101		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL 33484		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: Kenneth Leinger **4/3/07** **501 637-9864**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**KENNETH LEINGER**