

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90165 045 \*\*\*\*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**

**60034003**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2827726**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**LEINER, KEN  
15074 WITNEY ROA D  
#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

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, 2008**

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  
NAME LEINER, KEN ☐ Delete  
STREET ADDRESS 15074 WITNEY RD #203  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE **2nd VP** ☐ Change ☐ Addition  
NAME **Tarrant, Herbert**  
STREET ADDRESS **15074 Witney Rd # 203**  
CITY-ST-ZIP **Delray Bch FL 33484**

TITLE VPD  
NAME MOSS, RITA ☒ Delete  
STREET ADDRESS 15074 WITNEY RD #109  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME FELLER, DANIEL ☐ Delete  
STREET ADDRESS 15074 WITNEY RD #201  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME COHEN, MARVIN ☐ Delete  
STREET ADDRESS 15074 WITNEY RD #201  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME WILLIAMS, ANN ☐ Delete  
STREET ADDRESS 15074 WITNEY RD #101  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Kenneth Leiner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/8**  
Date

Daytime Phone #