FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21376** (1)

1. Corporation Name

WATERSEDGE AT THE LAKES OF DELRAY CONDOMINIUM D ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SPECIALTY MGMT. COMPANY 220 CONGRESS PARK DRIVE, SUITE 200 DELRAY BEACH FL 33445	C/O SPECIALTY MGMT. COMPANY 220 CONGRESS PARK DRIVE, SUITE 200 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0010624 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Prime Management Group	26 1051 South Rogers Cir.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Boca Raton, Florida	City & State 28 Boca Raton, Florida
Zip 24 33487 Country 25	Zip 29 33487 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ST. JOHN AND KING 500 AUSTRALIAN AVE. S., SUITE 600 W. PALM BEACH FL 33401	81 Name: Myron Swatt 82 Street Address (P.O. Box Number is Not Acceptable): Prime Management Group, Inc. 83: 1051 South Rogers Circle 84 City: Boca Raton, FL 85 Zip Code: 33487

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 4/13/95
Signature, (typed or printed) name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ZIGMAN, MAX	12 NAME		
STREET ADDRESS	5574 WITNEY DRIVE, APT. 103	13 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	LARSEN, RUBIN	22 NAME	Bea Gordon	
STREET ADDRESS	5574 WITNEY DR #309	23 STREET ADDRESS	5574 Witney Drive #204	
CITY-ST-ZIP	DELRAY BCH FL	24 CITY-ST-ZIP	Delray Beach, Florida 33484	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	SHAW, MURRAY	32 NAME	Betty Cravitz	
STREET ADDRESS	5574 WITNEY DR., #213	33 STREET ADDRESS	5574 Witney Drive #110	
CITY-ST-ZIP	DELRAY BCH FL	34 CITY-ST-ZIP	Delray Beach, Florida 33484	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	SCHULMAN, JERRY	42 NAME		
STREET ADDRESS	5574 WITNEY DR #313	43 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL	44 CITY-ST-ZIP		
TITLE	VPD	51 TITLE	VPD	☒ Change ☐ Addition
NAME	SAVITSKY, SOLOMON	52 NAME	Bernard Migdol	
STREET ADDRESS	5574 WITNEY DR., #108	53 STREET ADDRESS	5574 Witney Drive #102	
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP	Delray Beach, Florida 33484	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Jerome I. Schulman TRUS 4/17/95 407-495-9132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

091811