FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N21376 (1)

1. Corporation Name

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

Principal Place of Business	Mailing Address
~~PRIME MANAGMENT GROUP~~ ~~BOCA RATON FL 33487~~ US	*1051 SOUTH ROGERS CIRCLE ~~BOCA RATON FL 33487~~ ~~US~~

3. Date Incorporated or Qualified: 06/29/1987
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD.	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON, FL 33487-8290	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0010624 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
SWATT, MYRON PRIME MANAGEMENT GROUP INC 1051 SOUTH ROGERS CIRCLE BOCA RATON FL 33487	81 Name: MYRON I. SWATT 82 Street Address (P.O. Box Number is Not Acceptable): PRIME MANAGEMENT GROUP, INC. 83 6300 PARK OF COMMERCE BLVD. 84 City: BOCA RATON, FL 33487-8290 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remitting)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ZIGMAN, MAX		1.2 NAME		
STREET ADDRESS	5574 WITNEY DRIVE, APT. 103		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, BEA		2.2 NAME		
STREET ADDRESS	5574 WITNEY DR #204		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CRAVITZ, BETTY		3.2 NAME		
STREET ADDRESS	5574 WITNEY DR #110		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHULMAN, JERRY		4.2 NAME		
STREET ADDRESS	5574 WITNEY DR #313		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MIGDOL, BERNARD		5.2 NAME		
STREET ADDRESS	5574 WITNEY DR #102		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Max Zigman 3/7/96 499-9702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MAX ZIGMAN