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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487-8290 US	PRIME MANAGEMENT GROUP INC 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8290 US

3. Date Incorporated or Qualified: 06/29/1987

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWATT, MYRON
PRIME MANAGEMENT GROUP INC
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	ZIGMAN, MAX		1.2 NAME	ZIGMAN, MAX	
STREET ADDRESS	5574 WITNEY DRIVE, APT. 103		1.3 STREET ADDRESS	5574 WITNEY DR #103	
CITY-ST-ZIP	DELRAY BCH FL		1.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
TITLE	VD	☐ DELETE	2.1 TITLE	VPD	☐ Change ☐ Addition
NAME	GORDON, BEA		2.2 NAME	GORDON, BEA	
STREET ADDRESS	5574 WITNEY DR #204		2.3 STREET ADDRESS	5574 WITNEY DR #204	
CITY-ST-ZIP	DELRAY BCH FL		2.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	CRAVITZ, BETTY		3.2 NAME	FINKEL, BOB	
STREET ADDRESS	5574 WITNEY DR #110		3.3 STREET ADDRESS	5574 WITNEY DR # 202	
CITY-ST-ZIP	DELRAY BCH FL		3.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
TITLE	SD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	CRAVETZ, BETTY		4.2 NAME	BAHN, ABRAHAM	
STREET ADDRESS	5574 WITNEY DR., #110		4.3 STREET ADDRESS	5574 WITNEY DR # 310	
CITY-ST-ZIP	DELRAY BCH FL		4.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
TITLE	D	☒ DELETE	5.1 TITLE	SD	☐ Change ☐ Addition
NAME	MIGDOL, BERNARD		5.2 NAME	CRAVETZ, BETTY	
STREET ADDRESS	5574 WITNEY DR #102		5.3 STREET ADDRESS	5574 WITNEY DR # 110	
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP	DELRAY BCH., FL 33484	
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 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Max Zigman 1/14/98 561-499-9702