

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90092 022 ****61.25

DOCUMENT # N21376

1. Corporation Name

**WATERSEdge AT THE LAKES OF DELRAY CONDOMINIUM D
ASSOCIATION, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/29/1987

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ZIGMAN, MAX
STREET ADDRESS 5574 WITNEY DRIVE, APT. 103
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE VPD ☐ DELETE

NAME GORDON, BEA
STREET ADDRESS 5574 WITNEY DR #204
CITY-ST-ZIP DELRAY BCH FL 33884

TITLE SD ☐ DELETE

NAME CRAVITZ, BETTY
STREET ADDRESS 5574 WITNEY DR #110
CITY-ST-ZIP DELRAY BCH FL

TITLE TD ☐ DELETE

NAME BAHN, ABRAHAM
STREET ADDRESS 5574 WITNEY DR, #320
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE SD ☐ DELETE

NAME CRAVETZ, BETTY
STREET ADDRESS 5574 WITNEY DR, #110
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE D ☐ DELETE

NAME FINKEL, BOB
STREET ADDRESS 5574 WITNEY DR, #202
CITY-ST-ZIP DELRAY BEACH FL 33484

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Same

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Delray Beach, FL 33484

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Delray Beach, FL 33484

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5574 Witney Drive # 310

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Same

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2nd VPD

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Abraham Bahn 4/14/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)