## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21376

FILED Mar 30, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 FEI Number: 65-0010624 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, ROSLYN 5574 WITNEY DR. #213 DELRAY BEACH, FL 33484 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SMITH, ROZ Name: Name: 5574 WITNEY DR. #213 Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete YOLONDA, ROBINSON A Name: YOLONDA, ARONSON A Name: Address: 5574 WITNEY D #204 Address: 5574 WITNEY D #204 City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484 Title: () Delete Title: (X) Change ( ) Addition NOLL, GERRY KNOLL, GERRY Name: Name: 5574 WITNEY DR. APT 312 Address: 5574 WITNEY DR. APT 312 Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484 Title: ( ) Delete Title: () Change () Addition Name: RESNICK, GEORGIA Name: Address: 5574 WITNEY DR #214 Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: () Delete Title: VΡ (X) Change ( ) Addition ARONSON, YOLONDA Name: Name: BARCAN, BEA 5574 WITNEY #204 5574 WITNEY #308 Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSLYN SMITH P 03/30/2009