## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26506

FILED Apr 08, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 334878290 US

THE CONTINENTAL GROUP
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 334878290 US

Current Mailing Address: New Mailing Address:

C/O PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 334878290 US

C/O THE CONTINENTAL GROUP
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 334878290 US

FEI Number: 65-0080826 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:

ESTES, CAROL
5550 WHITNEY DRIVE
#102

ESTES, CAROL
5550 WITNEY DRIVE
#102

DELRAY BEACH, FL 33484 US 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: CAROL ESTES 04/08/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: TD

Name: KLEIN, WARREN

Address: 5550 WITNEY DRIVE #306 City-St-Zip: DELRAY BEACH, FL 33484 US

Title: 1VP

Name: MSCHARFMAN, MARTIN
Address: 5550 WITNEY DRIVE, SUITE #311
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: V

Name: ROTH, MARSHA

Address: 5550 WITNEY DRIVE #108
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: PD

Name: ESTES, CAROL

Address: 5550 WITNEY DRIVE #102 City-St-Zip: DELRAY BEACH, FL 33484 US

Title:

 Name:
 CRITICS, C MARTIN

 Address:
 5550 WITNEY DR #312

 City-St-Zip:
 DELRAY BEACH, FL 33484

I hereby 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 all other like empowered.

SIGNATURE: CAROL ESTES P 04/08/2011