



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90041 047 ****61.25

DOCUMENT # N28350 1. Entity Name WATERSEdge AT THE LAKES OF DELRAY CONDOMINIUM F ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGEMENT GROUP 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 - No P.O. Box # 15244 LAKES OF DELRAY BLVD		3. Mailing Address 15244 LAKES OF DELRAY BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. c/o SHARON MARGOLIS #303		04072008 Chg-NP CR2E037 (12/06)	
City & State DELRAY BEACH FL.		City & State DELRAY BEACH, FL.		4. FEI Number 65-0080813	
Zip 33484		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HALPERN, HY 15244 LAKES OF DELRAY BLVD #203 DELRAY BEACH, FL 33484	
7. Name and Address of New Registered Agent Name MARGOLIS, SHARON Street Address (P.O. Box Number is Not Acceptable) 15244 LAKES OF DELRAY BLVD. #303 City DELRAY BEACH FL Zip Code 33484				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Sharon Margolis</i></u> DATE <u>4-16-08</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLD, SEYMOUR 15244 LAKES OF DELRAY BLVD, #309 DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHALFIN, ELEANOR 15244 LAKES OF DELRAY BLVD #207 DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALPERN, HY 15244 LAKES OF DELRAY BLVD #203 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR WIROSLOFF, CLAIRE 15244 LAKES OF DELRAY BLVD. #310 DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARGOLIS, SHARON 15244 LAKES OF DELRAY BLVD, #303 DELRAY BCH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR COHEN, SYLVIA 15244 LAKES OF DELRAY BLVD, #301 DELRAY BCH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACHTINGER, BARBARA 15244 LAKES OF DELRAY BLVD, #102 DELRAY BCH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Hy Halpern</i></u> <i>Treas.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/14/08</u>		Daytime Phone #: <u>561-498-8836</u>	