


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90057 005 \*\*\*\*61.25

<b>DOCUMENT # N28351</b> 1. Entity Name <b>WATERSEEDGE AT THE LAKES OF DELRAY III PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>PRIME MGMT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US</b>			Mailing Address <b>PRIME MGMT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01252005 Chg-NP CR2E037 (10/03) 4. FEI Number <b>65-0081840</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SWATT, MYRON PRIME MGMT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487</b>				Name <b>HY HALPERN</b> Street Address (P.O. Box Number is Not Acceptable) <b>15244 LAKES OF DELRAY BLVD</b> <b>#203</b> City <b>DELRAY BEACH</b> FL Zip Code <b>33484</b>	
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 <i>Hy Halpern Treas</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>1/26/05</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHACT, MILTON		NAME		
STREET ADDRESS	15456 PEMBRIDGE DR #113		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDMAN, BUNNY		NAME		
STREET ADDRESS	15461 PEMBRIDGE DR #209		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, MAURICE		NAME		
STREET ADDRESS	15244 LAKES OF DELRAY BLVD., #312		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALPERN, HY		NAME		
STREET ADDRESS	15244 LAKES OF DELRAY BLVD., #203		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIEBERSTEIN, GLORIA		NAME		
STREET ADDRESS	15456 PEMBRIDGE DR #311		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33484		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COHEN, IRWIN		NAME		
STREET ADDRESS	15456 PEMBRIDGE DR. # 105		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP		
12. 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 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 an other like empowered.					
SIGNATURE: <i>Hy Halpern Treas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>1/26/05</b> <small>Daytime Phone #</small>	

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