## 2006 NOT-FOR-PROFIT CORPORATION

## FILED **ANNUAL REPORT (AR)** Mar 16, 2006 8:00 am DOCUMENT # N28351 **Secretary of State** 1. Entity Name 03-16-2006 90222 007 \*\*\*\*61.25 WATERSEDGE AT THE LAKES OF DELRAY III PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address PRIME MGMT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 PRIME MGMT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0081840 Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SACKS,/RWIN HALPERN, HY 15244 LAKES OF DELRAY BOULEVARD PEMBRINGE #203 DELRAY BEACH FL 33484 8. The above named entity submits this statement for the purpose of changing its registered office or in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typeg or primed name of registered agent and little if applicable OWLEEE IC CET 25 FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. ☐ Change TITLE ☐ Delete Addition TITLE COHEN, IRWIN NAME NAME 15456 PEMBRIDGE DRIVE #108 WAG STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33484 CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TREASURER TITLE TITLE GOLDMAN, BUNNY NAME NAME SNCKS, IRWIN 15461 PEMBRIDGE DR #110 WAH 15461 PEMBRIDGE DR #209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33484 CITY-ST-ZIP THEARAY BEACKFL 3348+ PRESIDENT PD Delete Change ☐ Addition TITLE BHE CHALFIN, ELEANOR NAME MILLER, MAURICE NAME 5244L.O.D. DRIVE STREET ADDRESS 15244 LAKES OF DELRAY BLVD., #312 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33484 CITY-ST-ZIP Change TD Delete TITLE ☐ Addition TITLE 14ATINGKY, LOWIS 15461 PENBOLDER DE #111 DELRAY BEAGN, FL. 33484 NAME HALPERN, HY NAME 15244 LAKES OF DELRAY BLVD., #203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BCH FL 33484 CITY-ST-7IP ☐ Addition TITLE ■ Delete TITLE SCHOCHT, MINTON #113 WAG LIEBERSTEIN, GLORIA NAME NAME 15456 PEMBRIDGE DR #311 STREET ADDRESS STREET ADDRESS DELRAY BURCU, FL. 35484 DELRAY BCH FL 33484 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes 1 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

Chance Chance

Addition

☐ Delete

THEF

STREET ADDRESS

CITY-ST-ZIP

5614967069