


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90079 043 \*\*\*\*61.25

<b>DOCUMENT # N28351</b> 1. Entity Name <b>WATERSEdge 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0081840</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SACKS, IRWIN 15461 PEMBRIDGE DR #110 DELRAY BEACH, FL 33484</b>				7. Name and Address of New Registered Agent Name <b>ELEANOR CHALFIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>15244 LAKES OF DELRAY BLVD #211</b> City <b>DELRAY BEACH FL</b> 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 <u><i>Eleanor Chalfin</i></u> DATE <u>4/6/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COHEN, IRWIN 15456 PEMBRIDGE DRIVE #108 DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SACKS, IRWIN 15461 PEMBROKE DR. #110 WAH DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHALFIN, ELEANOR 15244 L.O.D DR. #211 WAF DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATINSKY, LOUIS 15461 PEMBRIDGE DR. #111 WAH DELRAY BCH, FL 33484	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOCHT, NIFTON 15452 PEMBRIDGE DR. #113 WAG DELRAY BCH, FL 33484	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP. Lila Subotky 15461 Pembroke Dr #1114 Delray Bch FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Bunnie Goldman 15461 Pembroke Dr #1209 Delray Bch FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Milton Schacht. 15456 Pembroke Dr # 6113 Delray Bch FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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>Eleanor Chalfin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>ELEANOR CHALFIN</b>		Date <u>4/6/07</u> Daytime Phone # <u>561-499-2732</u>			