


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90231 031 ****61.25

DOCUMENT # N28351 1. Entity Name WATERSEdge AT THE LAKES OF DELRAY III PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business PRIME MGMT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US			Mailing Address PRIME MGMT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US		
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 65-0081840	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHALFIN, ELEANOR 15244 LAKES OF DELRAY #211 DELRAY BEACH, FL 33484				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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> PRES. 4/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 <input checked="" type="checkbox"/> VPD NAME <input checked="" type="checkbox"/> COHEN, IRWIN STREET ADDRESS 15456 PEMBRIDGE DRIVE #108 CITY-ST-ZIP DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> D NAME <input checked="" type="checkbox"/> Kateen, William STREET ADDRESS 15461 Pembroke Dr 101 CITY-ST-ZIP Delray Bch FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> 2V NAME <input type="checkbox"/> SUBOTKY, LILA STREET ADDRESS 15461 PEMBROKE DR #H114 CITY-ST-ZIP DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> P NAME <input checked="" type="checkbox"/> CHALFIN, ELEANOR STREET ADDRESS 15244 L.O.D DR. #211 WAF CITY-ST-ZIP DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> T NAME <input checked="" type="checkbox"/> GOLDMAN, BUNNIE STREET ADDRESS 15461 PEMBROKE DR #H209 CITY-ST-ZIP DELRAY BCH, FL 33484	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> S NAME <input checked="" type="checkbox"/> SCHACHT, MILTON STREET ADDRESS 15456 PEMBROKE DR #G113 CITY-ST-ZIP DELRAY BCH, FL 33484	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>	<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>			Date <u>4/22/08</u> Daytime Phone # <u>561-499-2732</u>		