2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28351

Entity Name: WATERSEDGE AT THE LAKES OF DELRAY III PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
PRIME MGMT GROUP 6300 PARK OF COMMERC BOCA RATON, FL 33487				
Current Mailing Address:		New Mailing Address:		
PRIME MGMT GROUP 6300 PARK OF COMMERC BOCA RATON, FL 33487				
FEI Number: 65-0081840	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
CHALFIN, ELEANOR 15244 LAKES OF DELRAY #211 DELRAY BEACH, FL 33484 US		CHALFIN, ELEANOR 15244 LAKES OF DELRAY BLVD #211 DELRAY BEACH, FL 33484 US		

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.

SIGNATURE: ELEANOR CHALFIN			04/08/2009		
Electronic Signature of Registered Agent		Date			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	15461 PEMBRIDGE DR 101	Title: Name: Address: City-St-Zip:	15461 PEMBRIDGE DR #101		
Title: Name: Address: City-St-Zip:	P () Delete CHALFIN, ELEANOR 15244 L.O.D DR. #211 WAF DELRAY BEACH, FL 33484	Title: Name: Address: City-St-Zip:	15244 LAKES OF DELRAY BLVD. #211		
Title: Name: Address: City-St-Zip:	T () Delete GOLDMAN, BUNNIE 15461 PEMBROKE DR #H209 DELRAY BCH, FL 33484	Title: Name: Address: City-St-Zip:	15461 PEMBRIDGE DR #209		
Title: Name: Address: City-St-Zip:	S () Delete SCHACHT, MILTON 15456 PEMBROKE DR #G113 DELRAY BCH, FL 33484	Title: Name: Address: City-St-Zip:	15461 PEMBRIDGE DR #113		
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	15456 PEMBRIDGE DR #108		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE.	ELEANOR CHALFIN	r r	04/08/2009
SIGNATURE [.]	ELEANOR CHALFIN	D	04/08/2009

Date

FILED Apr 08, 2009 Secretary of State