


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90154 022 ****61.25

DOCUMENT # N33142	
1. Entity Name WATERSEDGE AT THE LAKES OF DELRAY CONDOMINIUM G ASSOCIATION, INC.	

Principal Place of Business 15456 PEMBRIDGE DR APT #112 DELRAY BEACH, FL 33484 US	Mailing Address 15456 PEMBRIDGE DR APT #112 DELRAY BEACH, FL 33484 US
---	---

400000310



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 6300 PARK OF COMMERCE BLVD Suite, Apt. #, etc. City & State Zip
	BOCA RATON, FL. 33482
Country	Country
	U.S.A.

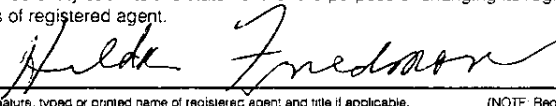
04112006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0141943	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	
ST. JOHN, DICKER <7 CAPL STE 600 500 AUSTRALIAN AVE S WEST PALM BEACH, FL 33401	

7. Name and Address of New Registered Agent	
Name	HILDA FRIEDMAN
Street Address (P.O. Box Number is Not Acceptable)	15456 PEMBRIDGE DR. #102
City	DELRAY BEACH FL
Zip Code	33484

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 	DATE 4/1/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLAX, MURRAY 15456 PEMBRIDGE DR #1121 DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GREENBERG, ALBERT 15456 PEMBRIDGE DR G101 DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PERSKY, BERNARD 15456 PEMBRIDGE DR. G105 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHACHT, MILTON 15456 PEMBRIDGE DR G113 DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FRIEDMAN, HILDA 15456 PEMBRIDGE DR. G102 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRIEDMAN, HILDA 15456 PEMBRIDGE DR. DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHIFF, RITA 15456 PEMBRIDGE DR. DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BAROCAS, ISAAC 15456 PEMBRIDGE DR. DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR REISS, SELMA 15456 PEMBRIDGE DR. DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 	DATE 4/1/06	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		