

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90057 006 \*\*\*\*61.25

**DOCUMENT # N34491**

1. Entity Name  
**WATERSEdge AT THE LAKES OF DELRAY  
CONDOMINIUM H ASSOCIATION, INC.**

Principal Place of Business  
**PRIME MANAGEMENT GROUP  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487-8290 US**

Mailing Address  
**1051 SOUTH ROGERS CIRCLE  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487-8290 US**

**40013645**



2. Principal Place of Business

3. Mailing Address

**6300 PARK OF**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**COMMERCE BLVD**

City & State

City & State

**BOCA RATON FL**

Zip

Country

Zip

Country

**33487**

01252005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0158282**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SWATT, MYRON  
PRIME MANAGEMENT GROUP  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **JERRY MANDELBAUM**  
Street Address (P.O. Box Number is Not Acceptable)  
**15161 PEMBRIDGE DR**  
**#113**  
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

*[Signature of Jerry Mandelbaum]*

**1/31/05**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	PARIS, ELLIOTT	
STREET ADDRESS	15461 PEMBRIDGE DR #309	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, EVELYN	
STREET ADDRESS	15461 PEMBRIDGE DR. #102	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, RONALD	
STREET ADDRESS	15461 PEMBRIDGE DR., #304	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHANTZ, AL	
STREET ADDRESS	15461 PEMBRIDGE DR., #303	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANDELBAUM, JERRY	
STREET ADDRESS	15161 PEMBRIDGE DR #113	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*[Signature of Jerry Mandelbaum]*

**JEROME MANDELBAUM**

**1/26/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #