
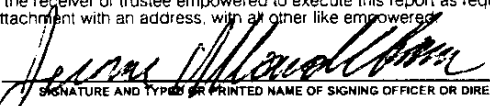


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90204 038 ****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 6300 PARK OF LONGERCE 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 65-0158282	
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	
MANDELBAUM, JERRY 15161 PETTBRIDGE DR #113 DELRAY BEACH, FL 33484				Name Jerry Mandelbaum Street Address (P.O. Box Number is Not Acceptable) 15461 Pembroke Dr 303 City Delray Bch 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 _____ <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, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARIS, ELLIOTT 15461 PEMBRIDGE DR #309 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWARTZ, EVELYN 15461 PEMBRIDGE DR. #102 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, RONALD 15461 PEMBRIDGE DR., #304 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHANTZ, AL 15461 PEMBRIDGE DR., #303 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANDELBAUM, JERRY 15161 PEMBRIDGE DR #113 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	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"/> Delete	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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT 40070887
#N34491

CLIENT CHECK REQUEST FORM

DATE: 4/1/07

Association Name: Watersedge H Association I.D # 6290

Payable To: Florida Department of State

07 Annual Corp
Report

Check Amount: 61.25

INVOICE NUMBER	INVOICE DATE	EXPENSE ACCOUNT

N34491

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

REQUIREMENT

PLEASE BE ADVISED THAT THE CONDO ASSOCIATION HEREBY AUTHORIZED PRIME MANAGEMENT GROUP, INC TO MAKE PAYMENT FROM THE

RESERVE ACCOUNT

Herman [Signature]
AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

*PLEASE NOTE: MANDATORY RESERVE ACCOUNTS FOR CAPITAL EXPENDITURES MAY NOT BE EXPENDED ON ANY OTHER SPECIFIC COMPONENT. UNLESS A VOTE OF ALL UNIT OWNERS HAS GAINED A MAJORITY APPROVAL (FAC CHAPTER 70-23.04(2)(D))