

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36113 (1)

1. Corporation Name

WATERSEdge AT THE LAKES OF DELRAY CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PRIME MANAGEMENT GROUP
BOCA RATON FL 33487
US

~~1051 SOUTH ROGERS CIRCLE~~
BOCA RATON FL 33487
US

3. Date Incorporated or Qualified: 01/10/1990
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0307167	Not Applicable
22. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
PRIME MANAGEMENT GROUP, INC.	PRIME MANAGEMENT GROUP, INC.	<input type="checkbox"/>	
6800 PARKWAY OF COMMERCE BLVD.	6800 PARKWAY OF COMMERCE BLVD.	6. Election Campaign Financing	\$5.00 May Be Added to Fees
BOCA RATON, FL 33487-8290	BOCA RATON, FL 33487-8290	Trust Fund Contribution	<input type="checkbox"/>
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

SWATT, MYRON
PRIME MANAGEMENT GROUP
1051 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

81. Name	85. Zip Code
MYRON J. SWATT	FL
82. PRIME MANAGEMENT GROUP, INC.	
83. 6800 PARKWAY OF COMMERCE BLVD.	
BOCA RATON, FL 33487-8290	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BREWIS, AL <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15324 LAKES OF DELRAY BLVD #310	1.2 NAME	
STREET ADDRESS	DELRAY BCH. FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD RAFF, MELVIN <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15324 LAKES OF DELRAY BLVD #304	2.2 NAME	
STREET ADDRESS	DELRAY BCH. FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VD PERESMIK, MILTON <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15324 LAKES OF DELRAY BLVD #305	3.2 NAME	
STREET ADDRESS	DELRAY BEACH FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	TD BERNSTEIN, SIDNEY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15324 LAKES OF DELRAY BLVD., STE. 213	4.2 NAME	
STREET ADDRESS	DELRAY BEACH FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	SD KAZER, IRVING <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15324 LAKES OF DELRAY BLVD #202	5.2 NAME	
STREET ADDRESS	DELRAY BEACH FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sidney R. Bernstein
SIDNEY R. BERNSTEIN, TREAS

3/7/96

407-495-6598
Daytime Phone #

CR2E037 (12/95)