

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36113 (1)
 1. Corporation Name
WATERSEGE AT THE LAKES OF DELRAY CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business PRIME MANAGEMENT GROUP BOCA RATON FL 33487 US	Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487-9290 US
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3. Date Incorporated or Qualified 01/10/1990		
4. FEI Number 65-0307167	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**SWATT, MYRON
 PRIME MANAGEMENT GROUP
 6300 PARK OF COMMERCE BLVD.
 BOCA RATON FL 33487**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number Is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (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	PD BREWIS, AL <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15324 LAKES OF DELRAY BLVD #310	1.2 NAME	15324 LAKES OF DELRAY BLVD #310
STREET ADDRESS	DELRAY BCH. FL	1.3 STREET ADDRESS	DELRAY BCH., FL 33484
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD RAFF, MELVIN <input type="checkbox"/> DELETE	2.1 TITLE	VPO RAFF, MELVIN <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15324 LAKES OF DELRAY BLVD #304	2.2 NAME	15324 LAKES OF DELRAY BLVD #304
STREET ADDRESS	DELRAY BCH. FL	2.3 STREET ADDRESS	DELRAY BCH., FL 33484
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD PERESMIK, MILTON <input type="checkbox"/> DELETE	3.1 TITLE	SD KAZER, IRVING <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15324 LAKES OF DELRAY BLVD #305	3.2 NAME	15324 LAKES OF DELRAY BLVD #305
STREET ADDRESS	DELRAY BEACH FL	3.3 STREET ADDRESS	DELRAY BCH., FL 33484
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD BERNSTEIN, SIDNEY <input type="checkbox"/> DELETE	4.1 TITLE	TD BERNSTEIN, SIDNEY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15324 LAKES OF DELRAY BLVD., STE. 213	4.2 NAME	15324 LAKES OF DELRAY BLVD #213
STREET ADDRESS	DELRAY BEACH FL	4.3 STREET ADDRESS	DELRAY BCH., FL 33484
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD KAZER, IRVING <input type="checkbox"/> DELETE	5.1 TITLE	D PERESMIK, MILTON <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15324 LAKES OF DELRAY BLVD #202	5.2 NAME	15324 LAKES OF DELRAY BLVD #205
STREET ADDRESS	DELRAY BEACH FL	5.3 STREET ADDRESS	DELRAY BCH., FL 33484
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 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 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: _____ **SIDNEY R.** 1/12/98 (SG) 495-6598

CP2E037 (10/97)