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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N36113

1. Corporation Name

WATERSEdge 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 33487-3290 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/10/1990

4. FEI Number

65-0307167

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

PD BREWIS, AL 15324 LAKES OF DELRAY BLVD #310 DELRAY BEACH FL 33484

1.1 TITLE KAHN, JOSEPH 1.2 NAME 1.3 STREET ADDRESS 15324 LAKES OF DELRAY BLVD. # 101 1.4 CITY-ST-ZIP DELRAY BEACH FL 33484

VPD RAFF, MELVIN 15324 LAKES OF DELRAY BLVD #304 DELRAY BEACH FL 33484

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS Same 2.4 CITY-ST-ZIP

SD KAZER, IRVING 15324 LAKES OF DELRAY BLVD #202 DELRAY BEACH FL 33484

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS Same 3.4 CITY-ST-ZIP

TD BERNSTEIN, SIDNEY 15324 LAKES OF DELRAY BLVD #213 DELRAY BEACH FL 33484

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS Same 4.4 CITY-ST-ZIP

D PERESMIK, MILTON 15423 LAKES OF DELRAY BLVD #302 DELRAY BEACH FL 33484

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 15324 LAKES OF DELRAY BLVD. #305 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

(561)495-6598

Date

Daytime Phone #

CR2E037 (11/98)