


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90017 045 ****65.19

DOCUMENT # N93000001710					
1. Entity Name WATSEEDGE AT THE LAKES OF DELRAY CONDOMINIUM K ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US			Mailing Address 6300 PARK OF COMMERCE BLVD 6300 PARK OF COMMERCE 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			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARKOWITZ, SIDNEY 15355 LAKES OF DELRAY BLVD #105 DELRAY BEACH, FL 33484			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE SD NAME ✓ KRIETMAN, JOE STREET ADDRESS 15355 LAKES OF DELRAY BLVD #311 CITY - ST - ZIP DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete				
TITLE TD NAME ✓ MARKOWITZ, SIDNEY STREET ADDRESS 15355 LAKES DR DELRAY BLVD #105 CITY - ST - ZIP DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete				
TITLE P NAME ✓ FISH, SELMA STREET ADDRESS 15355 LAKES OF DELRAY BLVD #207 CITY - ST - ZIP DELRAY BCH, FL 33484	<input type="checkbox"/> Delete				
TITLE D NAME COHEN, HARRIET STREET ADDRESS 15355 LKS OF DELRAY BLVD 307 CITY - ST - ZIP DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete				
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete				
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: <u>Sidney Markowitz - SIDNEY MARKOWITZ</u> 4/15/08 561 637 9094 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40104300



04022008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable