

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

1996 AUG 23 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



300001932693

-08/27/96--01077--009

*****61.25 *****61.25

3. Date Incorporated or Qualified
09/24/1993

3a. Date of Last Report
04/17/1995

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004333 (1)

1. Corporation Name

WATERSEGE AT THE LAKES OF DELRAY IV PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

Prime Management Group Inc.
6300 Park of Commerce Blvd
Boca Raton FL 33487

SAME

2. Principal Place of Business

2a. Mailing Address

21 Prime Management Group Inc

26 The 6300 Park of Commerce Blvd

4. FEI Number

65-0452809

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

23 Zip

33487

Country

USA

28 Zip

33487

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Myron I Swatt
Prime Management Group Inc.
6300 Park of Commerce Blvd
Boca Raton FL 33487

81 Name

Myron I Swatt

82 Street Address (P.O. Box Number is Not Acceptable)

6300 Park of Commerce Blvd

83 Boca Raton FL 33487

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 of type for 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
NAME MCDONALD, TAMMY A
STREET ADDRESS 12230 FOREST HILL BLVD
CITY-ST-ZIP WEST PALM BEACH FL

☒ DELETE

1.1 TITLE PD
1.2 NAME Murray Silverman
1.3 STREET ADDRESS 15365 Lakes od Delray Blvd j 208
1.4 CITY-ST-ZIP Boca Raton FL

Change ☒ Addition

TITLE VD
NAME BROWN, JEFFREY
STREET ADDRESS 12230 FOREST HILL BLVD
CITY-ST-ZIP WEST PALM BEACH FL

☒ DELETE

2.1 TITLE SD
2.2 NAME Irma Kviat
2.3 STREET ADDRESS 15365 Lakes of Delray Blvd J 314
2.4 CITY-ST-ZIP Boca Raton FL

Change ☒ Addition

TITLE SD
NAME JANSEN, MARY L
STREET ADDRESS 12230 FOREST HILL BLVD
CITY-ST-ZIP WEST PALM BEACH FL

☒ DELETE

3.1 TITLE 2nd VD
3.2 NAME Joyce Schneider
3.3 STREET ADDRESS 15365 Lakes of Delray Blvd J302
3.4 CITY-ST-ZIP Boca Raton FL

Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE TD
4.2 NAME Lee Barocas
4.3 STREET ADDRESS 15365 Lakes of Delray Blvd J310
4.4 CITY-ST-ZIP Boca Raton FL

Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE SD
5.2 NAME Stanley Portnoy
5.3 STREET ADDRESS 15365 Lakes of Delray Blvd J 103
5.4 CITY-ST-ZIP Boca Raton FL

Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change ☐ Addition

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

Date

Daytime Phone #

0010616

CR2E037 (3/96)