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May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004333 (1)

1. Corporation Name

WATERSEdge 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
USPRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487-8229
US3. Date Incorporated or Qualified
09/24/19933a. Date of Last Report
08/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWATT, MYRON I
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487

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 required for principal registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETENAME SILVERMAN, MURRAY
STREET ADDRESS 15365 LAKES OF DELRAY BLVD. J 208
CITY-ST-ZIP BOCA RATON FLTITLE SD ☒ DELETENAME KIVIAT, IRAM
STREET ADDRESS 15365 LAKES OF DELRAY BLVD. J 314
CITY-ST-ZIP BOCA RATON FLTITLE VD ☒ DELETENAME SCHNEIDER, JOYCE
STREET ADDRESS 15365 LAKES OF DELRAY BLVD. J302
CITY-ST-ZIP BOCA RATON FLTITLE TD ☒ DELETENAME BAROCAS, LEE
STREET ADDRESS 15365 LAKES OF DELRAY BLVD. J310
CITY-ST-ZIP BOCA RATON FLTITLE SD ☒ DELETENAME PORTNOY, STANLEY
STREET ADDRESS 15365 LAKES OF DELRAY BLVD. J103
CITY-ST-ZIP BOCA RATON FLTITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE PD ☐ Change ☒ Addition1.2 NAME Nattulin, Albert D
1.3 STREET ADDRESS 15355 Lakes of Delray Blvd #214
1.4 CITY-ST-ZIP Delray Beach, FL 334842.1 TITLE VD ☐ Change ☒ Addition2.2 NAME Paris, Albert
2.3 STREET ADDRESS 15365 Lakes of Delray Blvd #111
2.4 CITY-ST-ZIP Delray Beach, FL 334843.1 TITLE TD ☐ Change ☒ Addition3.2 NAME Gerstner, Irwin
3.3 STREET ADDRESS 15355 Lakes of Delray Blvd #112
3.4 CITY-ST-ZIP Delray Beach, FL 334844.1 TITLE SD ☐ Change ☒ Addition4.2 NAME Gross, Fay
4.3 STREET ADDRESS 15355 Lakes of Delray Blvd #212
4.4 CITY-ST-ZIP Delray Beach, FL 334845.1 TITLE VD ☐ Change ☒ Addition5.2 NAME Fish, Selma
5.3 STREET ADDRESS 15355 Lakes of Delray Blvd #202
5.4 CITY-ST-ZIP Delray Beach, FL 334846.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97

Date

(561) 495-6718

Daytime Phone # 0039628

CR2E037 (9/96)