


FILE NOW: FILING FEE IS \$61.25

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Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004333 (1)

1. Corporation Name

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



Principal Place of Business <b>PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US</b>	Mailing Address <b>PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US</b>
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3. Date Incorporated or Qualified <b>09/24/1993</b>	4. FEI Number <b>65-0452809</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SWATT, MYRON I 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487</b>	
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	NAFTULIN, ALBERT D
STREET ADDRESS	15355 LAKES OF DELRAY BLVD., #214
CITY-ST-ZIP	DELRAY BEACH F
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	PARIS, ALBERT
STREET ADDRESS	15365 LAKES OF DELRAY BLVD., #111
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	GERSTNER, IRWIN
STREET ADDRESS	15355 LAKES OF DELRAY BLVD., #112
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	GROSS, FAY
STREET ADDRESS	15355 LAKES OF DELRAY BLVD. #212
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	FISH, SELMA
STREET ADDRESS	15355 LAKES OF DELRAY BLVD., #202
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NAFTULIN, ALBERT D.
1.3 STREET ADDRESS	15355 LKS OF DLRY BLVD #214
1.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
2.1 TITLE	VPO <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FISH, SELMA
2.3 STREET ADDRESS	15355 LKS OF DLRY BLVD #202
2.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	COOPERSMITH, MILTON
3.3 STREET ADDRESS	15355 LKS OF DLRY BLVD #110
3.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GERSTNER, IRWIN
4.3 STREET ADDRESS	15355 LKS OF DLRY BLVD #112
4.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
5.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GROSS, FAY
5.3 STREET ADDRESS	15355 LKS OF DLRY BLVD #212
5.4 CITY-ST-ZIP	DELRAY BCH., FL 33484
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NORKEN, MYER
6.3 STREET ADDRESS	15365 LKS OF DLRY BLVD #213
6.4 CITY-ST-ZIP	DELRAY BCH., FL 33484

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: *[Signature]* Jan 26 1998 (56) 495-1748

CR2E037 (10/97)