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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N93000004333

1. Corporation Name

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

Principal Place of Business

PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487
US

Mailing Address

PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487
US

* 3 5 356367 - 90039 - 43 7 *



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/24/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0452809

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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, 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

TITLE PD
NAME NATTULIN, ALBERT D
STREET ADDRESS 15355 LAKES OF DELRAY BLVD., #214
CITY-ST-ZIP DELRAY BCH FL 33484 ☒ DELETE

1.1 TITLE PD
1.2 NAME PARIS, AL
1.3 STREET ADDRESS 15365 LAKES OF DELRAY BLVD # 111 J
1.4 CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Change ☒ Addition

TITLE VPD
NAME FISH, SELMA
STREET ADDRESS 15355 LKS OF DELRAY BLVD #202
CITY-ST-ZIP DELRAY BEACH FL 33484 ☒ DELETE

2.1 TITLE VID
2.2 NAME SILVERMAN, JULIUS
2.3 STREET ADDRESS 15365 LAKES OF DELRAY BLVD. #211 J
2.4 CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Change ☒ Addition

TITLE TD
NAME GERSTNER, IRWIN
STREET ADDRESS 15355 LAKES OF DELRAY BLVD., #112 K
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ DELETE

3.1 TITLE D
3.2 NAME GERSTNER, IRWIN
3.3 STREET ADDRESS 15355 LAKES OF DELRAY BLVD. 112K
3.4 CITY-ST-ZIP DELRAY BEACH FL 33484 ☒ Change ☐ Addition

TITLE SD
NAME GROSS, FAY
STREET ADDRESS 15355 LAKES OF DELRAY BLVD. #212
CITY-ST-ZIP DELRAY BEACH FL 33484 ☒ DELETE

4.1 TITLE TD
4.2 NAME BAROCAS, LEE
4.3 STREET ADDRESS 15365 LAKES OF DELRAY BLVD. # 310 J
4.4 CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Change ☒ Addition

TITLE D
NAME NORKEN, MYER
STREET ADDRESS 15365 LKS OF DELRAY BLVD #213 J
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ DELETE

5.1 TITLE YPD
5.2 NAME NORKEN MYER
5.3 STREET ADDRESS 15365 LAKES OF DELRAY BLVD
5.4 CITY-ST-ZIP DELRAY BEACH FL 33484 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE SD
6.2 NAME COHAN, RAYMOND
6.3 STREET ADDRESS 15365 LAKES OF DELRAY BLVD. #210 J
6.4 CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Change ☒ Addition

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 REQUIRED

561-989-5080

4-8-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)