

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004333

1. Entity Name

WATERSEdge AT THE LAKES OF DELRAY IV PROPERTY OW

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90042 044 ****61.25

Principal Place of Business

Mailing Address

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

PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD.
BOCA RATON FL 33487-8229
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0452809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARIS, AL 15365 LAKES OF DELRAY BLVD #111J DELRAY BCH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SILVERMAN, JULIUS 15365 LAKE OF DELRAY BLVD #211J DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSTNER, IRWIN 15355 LAKES OF DELRAY BLVD #112K DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAROCAS, LEE 15365 LAKES OF DELRAY BLVD #310J DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NORKEN, MYER 15365 LAKES OF DELRAY BLVD DELRAY BEACH FL 33484	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHAN, RAYMOND 15365 LAKES OF DELRAY BLVD #210 J DELRAY BCH FL 33484	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Naftulin, Shirley 15355 Lakes of Delray Blvd #211K Delray Bch Fl 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KASS, Elaine 15355 Lakes of Delray Blvd #310K Delray Bch Fl 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, FAY 15355 Lakes of Delray Blvd. 212 K DELRAY Bch Fl 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gerstner Irwin 15355 Lakes of Delray Blvd #112K Delray Beach, FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NORKEN, Myer 15365 Lakes of Delray Blvd Delray Beach, FL 33484 #213	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Fish, Selma 15355 Lakes of Delray Blvd #213 K Delray Beach, FL 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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:

Signature of Myron I. Swatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-00

Date

561-4856748

Daytime Phone #

CR2E037 (9/99)