

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004333

1. Entity Name

WATERSEDGE AT THE LAKES OF DELRAY IV PROPERTY OW

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
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	Change	Addition
PD	PARIS, AL	15365 LAKES OF DELRAY BLVD #111J	DELRAY BCH FL 33484	<input type="checkbox"/>	<input type="checkbox"/>
VPD	SILVERMAN, JULIUS	15365 LAKE OF DELRAY BLVD #211J	DELRAY BEACH FL 33484	<input type="checkbox"/>	<input type="checkbox"/>
D	GERSTNER, IRWIN	15355 LAKES OF DELRAY BLVD #112K	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	BAROCAS, LEE	15365 LAKES OF DELRAY BLVD #310J	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	NORKEN, MYER	15365 LAKES OF DELRAY BLVD	DELRAY BEACH FL 33484	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	COHAN, RAYMOND	15365 LAKES OF DELRAY BLVD #210 J	DELRAY BCH FL 33484	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	ROBB, CYOTHA	15365 LAKES OF DELRAY BLVD #110 J	DELRAY BEACH FL 33484	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	DOZINGER, LAUREL	15365 LAKES OF DELRAY BLVD #118 J	DELRAY BEACH FL 33484	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	AGUEL, SAM	15365 LAKES OF DELRAY BLVD #313 J	DELRAY BEACH FL 33484	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	COHAN, RAYMOND	15365 LAKES OF DELRAY BLVD #210 J	DELRAY BEACH, FL 33484	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90109 041 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)