

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90020 005 ****61.25

DOCUMENT # N93000004333

1. Entity 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
 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

4. FEI Number

65-0452809

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ☐ Delete
PD
PARIS, AL
 STREET ADDRESS **15365 LAKES OF DELRAY BLVD #111J**
 CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE NAME ☒ Change ☐ Addition
PRESIDENT
JAY GROSS
 STREET ADDRESS **15355 Lakes of Delray Blvd K212**
 CITY-ST-ZIP **Delray Beach, Fl. 33484-4502**

TITLE NAME ☐ Delete
VPD
SILVERMAN, JULIUS
 STREET ADDRESS **15365 LAKE OF DELRAY BLVD #211J**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE NAME ☒ Change ☐ Addition
1st Vice President
Elaime Kass
 STREET ADDRESS **15355 Lakes of Delray Blvd K310**
 CITY-ST-ZIP **FL 33484**

TITLE NAME ☐ Delete
TD
ROVEL, SAM
 STREET ADDRESS **15365 LAKES OF DELRAY BLVD #313J**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE NAME ☒ Change ☐ Addition
Al Amigo
 STREET ADDRESS **15355 Lakes of Delray Blvd K109**
 CITY-ST-ZIP **FL 33484**

TITLE NAME ☐ Delete
VPD
ROBB, CYNTHIA
 STREET ADDRESS **15365 LAKES OF DELRAY BLVD, #110J**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE NAME ☒ Change ☐ Addition
Treasurer **DElray Bch. Fl 33484**
Sid Markowitz 15355 LOD Blvd K105

TITLE NAME ☐ Delete
SD
DOLINGER, LAUREL
 STREET ADDRESS **15365 LAKES OF DELRAY BLVD #212J**
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE NAME ☒ Change ☐ Addition
SEcretary
Joe Kriteaman
 STREET ADDRESS **15355 Lakes of Delray Blvd. K311**
 CITY-ST-ZIP **FL 33484**

TITLE NAME ☐ Delete
D
COHAN, RAYMOND
 STREET ADDRESS **15365 LAKES OF DELRAY BLVD #210 J**
 CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE NAME ☒ Change ☐ Addition
Directors:
Harriet Cohen K307 Same address
Herb Fried K106 as above

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 REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Gross 4/14/02 561-496-
 7000

Date

Daytime Phone #

CR2E037 (9/01)