

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36113

**FILED**  
**Feb 19, 2015**  
**Secretary of State**  
**CC5486522640**

**Entity Name:** WATSEEDGE AT THE LAKES OF DELRAY CONDOMINIUM I ASSOCIATION, INC.

**Current Principal Place of Business:**

FIRSTSERVICE RESIDENTIAL  
6300 PARK OF COMMERCE BOULEVARD  
BOCA RATON, FL 33487

**Current Mailing Address:**

6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487-8290 US

**FEI Number: 65-0307167**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SACHS SAX CAPLAN  
6111 BROKEN SOUND PARKWAY NW  
BOCA RATON,, FL 33487 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title TD  
Name HECHT, BURTON  
Address 15324 LAKES OF DELRAY BLVD #113  
City-State-Zip: DELRAY BEACH FL 33484

Title SD  
Name MELLION, MILTON  
Address 15324 LAKES OF DELRAY BLVD #110  
City-State-Zip: DELRAY BEACH FL 33484

Title D  
Name COHEN, DANIEL  
Address 15324 LAKES OF DELRAY BLVD #112  
City-State-Zip: DELRAY BEACH FL 33484

Title PRESIDENT  
Name GLASSMAN, DAVID  
Address 15324 LAKES OF DELRAY BLVD  
UNIT 208  
City-State-Zip: DELRAY BEACH FL 33484

Title 1STVP  
Name ROTH, LEONARD  
Address 15324 LAKES OF DELRAY BLVD.  
UNIT 214  
City-State-Zip: DELRAY BEACH FL 33484

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID GLASSMAN**

**PRESIDENT**

**02/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date