

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:46

DOCUMENT # 728090 (2)

1. Corporation Name

PALM GREENS AT VILLA DEL RAY RECREATION CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5801 VIA DELRAY
DELRAY BEACH FL 33484

Mailing Address

5801 VIA DELRAY
DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1973

3a. Date of Last Report

03/22/1994

4. FEI Number

59-1968008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

Tax Exempt Status

☐

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CLARK, MELVIN
5843 B SUGAR PALM CT.
DELRAY BCH FL 33484

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

CLARK, MELVIN
5843 B SUGAR PALM CT
DELRAY BCH, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

GOFBERG, BERNARD
5859 C ARECA PALM CT
DELRAY BCH, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

FRIEDMAN, RALPH
13747 B VIA AURORA
DELRAY BCH, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

GOLDBLATT, LEONA
13518A SABAL PALM CT.
DELRAY BCH, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

BENDER, BENJAMIN
13558 B VIA FLORA
DELRAY BCH, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

BENDER, GLADYS
13631-A VIA FLORA
DELRAY BCH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D

MARGOLIS, HAROLD
13669 D Date Palm Ct.
Delray Beach, FL 33484

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D

ADELMAN, BEA
13669 D Date Palm Ct
Delray Beach, FL 33484

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D

LEWIS, ROBERT
13505 B Fishtail Palm Ct.
Delray Beach, FL 33484

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD MARGOLIS 3/15/95 407-487-5716