

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 752776 (5)

1. Corporation Name

NUMBER 2 CONDOMINIUM ASSOCIATION - PALM GREENS A
T VILLA DEL RAY, INC.



Principal Place of Business

Mailing Address

5801 VIA DELRAY
DELRAY BEACH FL 33484

5801 VIA DELRAY
DELRAY BEACH FL 33484-1331

3. Date Incorporated or Qualified
06/03/1980

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1828941

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEYMOUR, NAFTILAN
13616- COCONUT PALM COURT
DELRAY BEACH FL 33484

81 Name
82 Street Address (P. O. Box Number is Not Acceptable)
83
84 City

Same as current registered agent.

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent

1-14-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEISEL, RUBIN	
STREET ADDRESS	5850H SUGAR PALM COURT	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NAFTILAN, SEYMOUR	
STREET ADDRESS	13616-B COCONUT PLAM COURT	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLARK, MELVIN	
STREET ADDRESS	5843-B SUGAR PALM COURT	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FREIMAN, HERBERT	
STREET ADDRESS	13913 A ROYAL PALM COURT	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SUGERMAN, MURRAY	
STREET ADDRESS	13841 A ROYAL PALM COURT	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Seymour Naftilan	
1.3 STREET ADDRESS	13616 B Coconut Palm Court	
1.4 CITY-ST-ZIP	Delray Beach, Fla. 33484	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mel Clark	
2.3 STREET ADDRESS	5843 B Sugar Palm Court	
2.4 CITY-ST-ZIP	Delray Beach, Fla. 33484	
3.1 TITLE	2nd VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dr. Murray Sugerman	
3.3 STREET ADDRESS	13841 A Royal Palm Court	
3.4 CITY-ST-ZIP	Delray Beach, Fla. 33484	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Elliot Seidman	
4.3 STREET ADDRESS	5919 D Areca Palm Court	
4.4 CITY-ST-ZIP	Delray Beach, Fla. 33484	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Rubin Meisel	
5.3 STREET ADDRESS	5850 H Sugar Palm Court	
5.4 CITY-ST-ZIP	Delray Beach, Fla. 33484	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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

Seymour Naftilan

1-14-97

DATE

Daytime Phone # 0044875

CR2E037 (9/96)