

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752776 (5)

1. Corporation Name **NUMBER 2 CONDOMINIUM ASSOCIATION - PALM GREENS A T VILLA DEL RAY, INC.**



Principal Place of Business 5801 VIA DELRAY DELRAY BEACH FL 33484	Mailing Address 5801 VIA DELRAY DELRAY BEACH FL 33484
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3. Date Incorporated or Qualified
06/03/1980

4. FEI Number
59-1828941

Applied For	Not Applicable
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2. Principal Place of Business 21 5801 Via Delray Suite, Apt. #, etc.	2a. Mailing Address 26 Same as above Suite, Apt. #, etc.
City & State 23 Delray Beach, Fla.	City & State 28 Same as above
Zip 24 33484	Country 25 Palm Beach
Zip 29 33484	Country 30 Palm Beach

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Melvin Clark

82 Street Address (P.O. Box Number is Not Acceptable) 5843 B Sugar Palm Court

84 City Delray Beach FL 85 Zip Code 33484

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 **Melvin Clark, President** *Melvin Clark* DATE **2/9/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISEL, RUBIN	1.2 NAME	Melvin Clark
STREET ADDRESS	5850H SUGAR PALM COURT	1.3 STREET ADDRESS	5843 B Sugar Palm Court
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Delray Beach, Fla. 33484
TITLE	VPO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAFTILAN, SEYMOUR	2.2 NAME	Murray Sugerman
STREET ADDRESS	13616-B COCONUT PLAM COURT	2.3 STREET ADDRESS	13841 A Royal Palm Court
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Beach, Fla. 33484
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	VPO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, MELVIN	3.2 NAME	Albert Ditkowsky
STREET ADDRESS	5843-B SUGAR PALM COURT	3.3 STREET ADDRESS	13093 B Sentry Palm Court
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	Delray Beach, Fla. 33484
TITLE	VPO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIMAN, HERBERT	4.2 NAME	Elliot Seidman
STREET ADDRESS	13913 A ROYAL PALM COURT	4.3 STREET ADDRESS	5919 D Areca Palm Court
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	Delray Beach, Fla. 33484
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUGERMAN, MURRAY	5.2 NAME	Rubin Meisel
STREET ADDRESS	13841 A ROYAL PALM COURT	5.3 STREET ADDRESS	5850 H Sugar Palm Court
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	Delray Beach, Fla. 33484
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14. 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 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: *Melvin Clark* **Melvin Clark** 1/16/98 (561) 498-1051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)