

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752776

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



2. Principal Place of Business

21 5801 Via Delray

2a. Mailing Address

26 Same as above

3. Date Incorporated or Qualified

06/03/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1828941

Applied For

Not Applicable

City & State

23 Delray Beach, Fla

City & State

28

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

24 33484

Country

25 Palm Beach

Zip

29 33484

Country

30 Palm Beach

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CLARK, MELVIN
5843 B SUGAR 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

83

84 City

Delray Beach

85 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

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	TD	<input type="checkbox"/> DELETE
NAME	MEISEL, RUBIN	
STREET ADDRESS	5850 H SUGAR PALM COURT	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MURRAY, SUGERMAN	
STREET ADDRESS	13841 A ROYAL PALM COURT	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, MELVIN	
STREET ADDRESS	5843-B SUGAR PALM COURT	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DITKOWSKY, ALBERT	
STREET ADDRESS	13093 B SENTRY PALM COURT	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SEIDMAN, ELLIOT	
STREET ADDRESS	5919 D ARECA PALM COURT	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Melvin Clark	
1.3 STREET ADDRESS	5843 B Sugar Palm Court	
1.4 CITY-ST-ZIP	Delray Beach, FL 33484	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Murray Sugerman	
2.3 STREET ADDRESS	13841 A Royal Palm Court	
2.4 CITY-ST-ZIP	Delray Beach, FL 33484	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Albert Ditkowsky	
3.3 STREET ADDRESS	13093 B Sentry Palm Court	
3.4 CITY-ST-ZIP	Delray Beach, FL 33484	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rubin Meisel	
4.3 STREET ADDRESS	5850 H Sugar Palm Court	
4.4 CITY-ST-ZIP	Delray Beach, FL 33484	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Libby Silverman	
5.3 STREET ADDRESS	13152 C Sentry Palm Court	
5.4 CITY-ST-ZIP	Delray Beach, FL 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 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, with all other like empowered.

SIGNATURE: Melvin Clark REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 21, 1999 561-498-1051
Date Daytime Phone #

CR2E037 (1/198)