

DOCUMENT # 752776

1. Entity Name

NUMBER 2 CONDOMINIUM ASSOCIATION - PALM GREENS A

FILED
Apr 26, 2000 8:00 am
Secretary of State

01-28-2000 90206 032 ****61.25

Principal Place of Business 5801 VIA DELRAY DELRAY BEACH FL 33484 US	Mailing Address 5801 VIA DELRAY DELRAY BEACH FL 33484-1331 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5801 Via Delray Suite, Apt. #, etc.	3. Mailing Address Same as above Suite, Apt. #, etc.
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City & State Delray Beach, Florida	City & State	4. FEI Number 59-1828941	Applied For Not Applicable
Zip 33484	Country Palm Beach	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CLARK, MELVIN
5843 B SUGAR PALM COURT
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name: **Ditkowsky, Albert**
 Street Address (P.O. Box Number is Not Acceptable):
5801 Via Delray
 City: **Delray Beach, FL 33484**

8. 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: *Albert S. Ditkowsky - Pres* **Albert S. Ditkowsky President 2/28/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME TD MEISEL, RUBIN STREET ADDRESS 5850 H SUGAR PALM COURT CITY-ST-ZIP DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME VPD MURRAY, SUGERMAN STREET ADDRESS 13841 A ROYAL PALM COURT CITY-ST-ZIP DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME PD CLARK, MELVIN STREET ADDRESS 5843-B SUGAR PALM COURT CITY-ST-ZIP DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME VPD DITKOWSKY, ALBERT STREET ADDRESS 13083 B SENTRY PALM COURT CITY-ST-ZIP DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME SD SEIDMAN, ELLIOT STREET ADDRESS 5919 D ARECA PALM COURT CITY-ST-ZIP DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD Ditkowsky, Albert STREET ADDRESS 13093-B SENTRY PALM COURT CITY-ST-ZIP Delray Beach, Fl. 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP Clark, Melvin STREET ADDRESS 5843-B Sugar Palm Court CITY-ST-ZIP Delray Beach, Fl. 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP Sugerman, Murray STREET ADDRESS 13481-A Royal Palm Court CITY-ST-ZIP Delray Beach, Fl. 33484	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD Meisel, Rubin STREET ADDRESS 5850-H Sugar Palm Court CITY-ST-ZIP Delray Beach, Fl. 33484	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD Silverman, Lillian STREET ADDRESS 13152-C SENTRY PALM COURT CITY-ST-ZIP Delray Beach, Fl. 33484	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Albert S. Ditkowsky - Pres* **Albert Ditkowsky January 25, 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #