

**2002 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**


02-07-2002 90002 025 \*\*\*\*61.25

**DOCUMENT # 752776**  
 1. Entity Name  
**NUMBER 2 CONDOMINIUM ASSOCIATION - PALM GREENS A  
 T VILLA DEL RAY, INC.**

Principal Place of Business 5801 VIA DELRAY DELRAY BEACH FL 33484 US	Mailing Address 5801 VIA DELRAY DELRAY BEACH FL 33484 US
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2. Principal Place of Business <b>5801 Via Delray</b>	3. Mailing Address <b>Same as Above</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Delray Beach, FL</b>	City & State
Zip <b>33484</b>	Country <b>US</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1828941</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**DITKOWSKI, ALBERT**  
 5801 VIA DELRAY  
 DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent  
 Name  
**Saxton, George**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5801 Via Delray**  
 City  
**Delray Beach** FL Zip Code  
**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 *George B. Saxton* **George Saxton** January 17, 2002  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MEISEL, RUBIN</b> <b>5850 H SUGAR PALM COURT</b> <b>DELRAY BEACH FL 33484</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MURRAY, SUGERMAN</b> <b>13841 A ROYAL PALM COURT</b> <b>DELRAY BEACH FL 33484</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CLARK, MELVIN</b> <b>5843-B SUGAR PALM COURT</b> <b>DELRAY BEACH FL 33484</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DITKOWSKY, ALBERT</b> <b>13093 B SENTRY PALM COURT</b> <b>DELRAY BEACH FL 33484</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SEIDMAN, ELLIOT</b> <b>5919 D ARECA PALM COURT</b> <b>DELRAY BEACH FL 33484</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>FIRESTONE, SIDNEY</b> <b>5779 C SPINDLE PALM COURT</b> <b>DELRAY BEACH FL 33484</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Saxton, George</b> <b>13478 A Sabal Palm Court</b> <b>Delray Beach, FL 33484</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Pearl Richter</b> <b>13303 C Pineapple Palm Court</b> <b>Delray Beach, Florida 33484</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Silverman, Lillian</b> <b>13152 C SENTRY PALM COURT</b> <b>Delray Beach, FL 33484</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>Hoffman, Abraham</b> <b>13921 B Royal Palm Court</b> <b>Delray Beach, FL 33484</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *George B. Saxton* **George Saxton** January 17, 2002 **(561)498-1051**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE037 (9/01)