


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90027 030 \*\*\*\*61.25

DOCUMENT # <b>752776</b>	
1. Entity Name <b>NUMBER 2 CONDOMINIUM ASSOCIATION PALM GREENS AT VILLA DEL RAY, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>5801 VIA DELRAY</b>	3. Mailing Address <b>5801 VIA DELRAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>DELRAY BEACH, FL</b>	City & State <b>DELRAY BEACH, FL</b>
Zip <b>33484</b>	Country <b>USA</b>
Zip <b>33484</b>	Country <b>USA</b>

**44049221**

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>WILBUR TURNER</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5801 VIA DELRAY</b>	
<b>DELRAY BEACH</b>	
City <b>DELRAY BEACH</b>	FL Zip Code <b>33484</b>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wilbur Turner* **WILBUR TURNER, PRESIDENT** **JULY 7, 2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TURNER, WILBUR 13779 B DATE PALM COURT DELRAY BEACH, FL 33484</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD AARONSON, MICHAEL 13282 D PINEAPPLE PALM COURT DELRAY BEACH, FL 33484</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SAXTON, GEORGE B. 13478 A SABAL PALM COURT DELRAY BEACH, FL 33484</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD DE NIRO, ANTHONY 5775 B PHOENIX PALM COURT DELRAY BEACH, FL 33484</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, STEVEN J. 13194 E LUCINDA PALM COURT DELRAY BEACH, FL 33484</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Wilbur Turner* **WILBUR TURNER** **JULY 7, 2004** **561-498-1051**

CR2E037B (12/02)