

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90058 013 \*\*\*\*61.25



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

Principal Place of Business Mailing Address  
**5801 VIA DELRAY DELRAY BEACH FL 33484 US** **5801 VIA DELRAY DELRAY BEACH FL 33484 US**

60011100



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-1828941** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent  
 Name **TURNER, WILBUR**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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** **FEBRUARY 8, 2005**  
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**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>RICHTER, PEARL ?</b> <b>13303 C PINEAPPLE 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>TURNER, WILBUR</b> <b>13779 B DATE 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>HOFFMAN, ABRAHAM</b> <b>13921 B ROYAL 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 checked="" 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 STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TURNER, WILBUR</b> <b>13779 B DATE PALM COURT</b> <b>DELRAY BEACH, FL 33484</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>AARONSON, MICHAEL</b> <b>13282 D PINEAPPLE 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>SD</b> <b>GLASS, MARILYN</b> <b>5869 C SUGAR 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>DeNIRO, ANTHONY</b> <b>5775 B PHOENIX 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>D</b> <b>SMITH, STEVEN J.</b> <b>13194 E LUCINDA 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

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:** *Wilbur Turner* **WILBUR TURNER, PRESIDENT** **02/08/05** **(561) 498-1051**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #