

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90009 002 \*\*\*\*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

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/06)

4. FEI Number      Applied For  
**59-1828941**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**AARONSON, MICHAEL**  
5801 VIA DELRAY  
DELRAY BEACH FL 33484

Name **Michael Aaronson**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE      **Michael Aaronson, President**      **January 19, 2007**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TURNER, WILBUR 13779 B DATE PALM COURT DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Aaronson, Michael 13282 D Pineapple Palm Court Delray Beach, FL 33484 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AARONSON, MICHAEL 13282 D PINEAPPLE PALM COURT DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Bass, Ira 13446 A Sabal Palm Court Delray Beach, FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GLASS, MARILYN 5869 C SUGAR PALM COURT DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Shirley Perlmutter 13485 D Fishtail Palm Court Delray Beach, FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DENIRO, ANTHONY 5775 B PHOENIX PALM COURT DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Smith, Steven 13194 E Lucinda Palm Court Delray Beach, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, STEVEN J 13194 E LUCINDA PALM COURT DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Glass, Marilyn 5869 C Sugar Palm Court Delray Beach, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Section 119, 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:      **Michael Aaronson**      1-19-07      561-498-1051  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #