

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90023 035 \*\*\*\*61.25

<b>DOCUMENT # 752776</b>	
1. Entity Name <b>NUMBER 2 CONDOMINIUM ASSOCIATION - PALM GREENS AT VILLA DEL RAY, INC.</b>	
Principal Place of Business <b>5801 VIA DELRAY DELRAY BEACH FL 33484 US</b>	Mailing Address <b>5801 VIA DELRAY DELRAY BEACH FL 33484 US</b>
2. Principal Place of Business - No P.O. Box # <b>5801 Via Delray</b> Suite, Apt. #, etc.	3. Mailing Address <b>Same as Above</b> Suite, Apt. #, etc.
City & State <b>Delray Beach, FL</b>	City & State
Zip <b>33484</b>	Country



1st MOORE CR2E037 (10/07)

4. FEI Number <b>59-1828941</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
<b>6- Name and Address of Current Registered Agent</b>		<b>7- Name and Address of New Registered Agent</b>
<del>AARONSON, MICHAEL</del> <b>Steve Smith</b> <b>5801 VIA DELRAY DELRAY BEACH FL 33484</b>		Name <b>Steve Smith</b>
		Street Address (P.O. Box Number is Not Acceptable) <b>5801 Via Delray</b>
		City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33484</b>

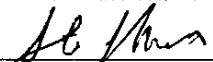
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Steve Smith, President**  
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> <b>Due By May 1, 2008</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:</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASS, IRA <input type="checkbox"/> Delete 13446 A SABAL PALM CT. DELRAY BEACH FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AARONSON, MICHAEL <input type="checkbox"/> Delete 13282 D PINEAPPLE PALM COURT DELRAY BEACH FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Smith, Steve <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13194 E Lucinda Palm Court Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLASS, MARILYN <input type="checkbox"/> Delete 5869 C SUGAR PALM COURT DELRAY BEACH FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cardero, Kathy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5635 E Queen Palm Court Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, STEVEN <input type="checkbox"/> Delete 13194 E LUCINDA PALM CT. DELRAY BEACH FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Glass, Marilyn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5869 C Sugar Palm Court Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASS, MARILYN <input type="checkbox"/> Delete 5869 C SUGAR PALM CT DELRAY BEACH FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aaronson, Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13282 D Pineapple Palm Court Delray Beach, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERLMUTTER, SHIRLEY <input checked="" type="checkbox"/> Delete 13485 D FISHTAIL PALM CT. DELRAY BEACH FL 33484	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:  **Steve Smith (President)** **561-498-1051**