

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752776

FILED
Jan 20, 2009
Secretary of State

Entity Name: NUMBER 2 CONDOMINIUM ASSOCIATION - PALM GREENS AT VILLA DEL RAY, INC.

Current Principal Place of Business:

5801 VIA DELRAY
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

5801 VIA DELRAY
DELRAY BEACH, FL 33484 US

New Mailing Address:

FEI Number: 59-1828941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, STEVE
5801 VIA DELRAY
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BASS, IRA
Address: 13446 A SABAL PALM CT.
City-St-Zip: DELRAY BEACH, FL 33484

Title: PD () Delete
Name: SMITH, STEVE
Address: 13194 E LUCINDA PALM COURT
City-St-Zip: DELRAY BEACH, FL 33484

Title: SD () Delete
Name: CORDERO, KATHY
Address: 5635 E QUEEN PALM COURT
City-St-Zip: DELRAY BEACH, FL 33484

Title: VPD () Delete
Name: GLASS, MARILYN
Address: 5869 C SUGAR PALM COURT
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: AARONSON, MICHAEL
Address: 13282 D PINEAPPLE PALM COURT
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DREIFUS, PETER
Address: 5859 C ARECA PALM COURT
City-St-Zip: DELRAY BEACH, FL 33484

Title: VPD (X) Change () Addition
Name: JAYE, LENORE
Address: 5660 A QUEEN PALM COURT
City-St-Zip: DELRAY BEACH, FL 33484

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE SMITH

PD

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date