

**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 # 752776

1. Entity Name

**NUMBER 2 CONDOMINIUM ASSOCIATION  
PALM GREENS AT VILLA DEL RAY, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**5801 VIA DELRAY**

Suite, Apt. #, etc.

3. Mailing Address

**5801 VIA DELRAY**

Suite, Apt. #, etc.

City & State

**DELRAY BEACH, FL**

City & State

**DELRAY BEACH, FL**

Zip

**33484**

Country

**USA**

Zip

**33484**

Country

**USA**

4. FEI Number

**59-1828941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

44049221

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**WILBUR TURNER**

Street Address (P.O. Box Number is Not Acceptable)

**5801 VIA DELRAY**

**DELRAY BEACH**

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

*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

**FEE IS \$61.25**

**Initial or Amended UBR**

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  
**PD  
TURNER, WILBUR  
13779 B DATE PALM COURT  
DELRAY BEACH, FL 33484**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
AARONSON, MICHAEL  
13282 D PINEAPPLE PALM COURT  
DELRAY BEACH, FL 33484**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
SAXTON, GEORGE B.  
13478 A SABAL PALM COURT  
DELRAY BEACH, FL 33484**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
DE NIRO, ANTHONY  
5775 B PHOENIX PALM COURT  
DELRAY BEACH, FL 33484**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SMITH, STEVEN J.  
13194 E LUCINDA PALM COURT  
DELRAY BEACH, FL 33484**

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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)