

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 728090 (2)**

1. Corporation Name  
**PALM GREENS AT VILLA DEL RAY RECREATION CONDOMINIUM ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **11/20/1973**  
3a. Date of Last Report: **03/22/1995**  
4. FEI Number: **59-1968008**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25  
29. Country: 30

9. Name and Address of Current Registered Agent  
**CLARK, MELVIN  
5843 B SUGAR PALM CT.  
DELRAY BCH FL 33484**

10. Name and Address of New Registered Agent  
81. Name: **George B. Saxton**  
82. Street Address: **13478 A Sabal Palm Ct.**  
83.  
84. City: **Delray Beach** FL 85. Zip Code: **33484**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *George B. Saxton* DATE: **3-14-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>CLARK, MELVIN</b>	1.1 TITLE: <b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>5843 B SUGAR PALM CT</b>	CITY-ST-ZIP: <b>DELRAY BCH, FL 00000</b>	1.2 NAME: <b>SAXTON, GEORGE B.</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>MARGOLIS, HAROLD</b>	1.3 STREET ADDRESS: <b>13478 A SABAL PALM CT.</b>
STREET ADDRESS: <b>13669 D DATE PALM CT</b>	CITY-ST-ZIP: <b>DELRAY BCH, FL 00000</b>	1.4 CITY-ST-ZIP: <b>DELRAY BEACH, FL. 33484</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>FRIEDMAN, RALPH</b>	2.1 TITLE: <b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>13747 B VIA AURORA</b>	CITY-ST-ZIP: <b>DELRAY BCH, FL 00000</b>	2.2 NAME: <b>JAYE, LENORE</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>ADELMAN, BEA</b>	2.3 STREET ADDRESS: <b>5660 A QUEEN PALN CT.</b>
STREET ADDRESS: <b>13669 D DATE PALM CT</b>	CITY-ST-ZIP: <b>DELRAY BCH, FL 00000</b>	2.4 CITY-ST-ZIP: <b>DELRAY BEACH, FL. 33484</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>BENDER, BENJAMIN</b>	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>13558 B VIA FLORA</b>	CITY-ST-ZIP: <b>DELRAY BCH, FL 00000</b>	3.2 NAME: <b>900001749349</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>LEWIS, ROBERT</b>	3.3 STREET ADDRESS: <b>-03/19/96--01078--028</b>
STREET ADDRESS: <b>13505-B FISHTAIL PALM CT</b>	CITY-ST-ZIP: <b>DELRAY BCH, FL 00000</b>	3.4 CITY-ST-ZIP: <b>***61.25</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>SPIRO, DORIS</b>	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>13505-B FISHTAIL PALM CT</b>	CITY-ST-ZIP: <b>DELRAY BCH, FL 00000</b>	4.2 NAME: <b>13626 A VIA FLORA</b>
TITLE: <b>D</b> <input type="checkbox"/> DELETE	NAME: <b>SPIRO, DORIS</b>	4.3 STREET ADDRESS: <b>13626 A VIA FLORA</b>
STREET ADDRESS: <b>13505-B FISHTAIL PALM CT</b>	CITY-ST-ZIP: <b>DELRAY BCH, FL 00000</b>	4.4 CITY-ST-ZIP: <b>DELRAY BEACH, FL. 33484</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George B. Saxton* DATE: **2-20-96** DAYING PHONE # **498-5316**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)