

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33484-1331
---	--

3. Date Incorporated or Qualified 11/20/1973		3a. Date of Last Report 03/19/1996	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1968008	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SAXTON, GEORGE B 13478 A SABAL PALM CT DELRAY BCH FL 33484				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: **2-3-97**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAXTON, GEORGE B	1.2 NAME	
STREET ADDRESS	13478 A SABAL PALM CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAYE, LENORE	2.2 NAME	
STREET ADDRESS	5660 A QUEEN PALM CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDMAN, RALPH	3.2 NAME	JEROME SMILEY
STREET ADDRESS	13747 B VIA AURORA	3.3 STREET ADDRESS	13572 A Via Flora
CITY-ST-ZIP	DELRAY BCH, FL 00000	3.4 CITY-ST-ZIP	Delray Beach, FL. 33484
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADELMAN, BEA	4.2 NAME	
STREET ADDRESS	13669 D DATE PALM CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDER, BENJAMIN	5.2 NAME	
STREET ADDRESS	13558 B VIA FLORA	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRO, DORIS	6.2 NAME	
STREET ADDRESS	13626 A VIA FLORA	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL 33484	6.4 CITY-ST-ZIP	

14. I do 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 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: **2-3-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)