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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/20/1973		
4. FEI Number 59-1968008	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

SAXTON, GEORGE B
13478 A SABAL PALM CT
DELRAY BCH FL 33484

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SAXTON, GEORGE B	
STREET ADDRESS	13478 A SABAL PALM CT	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAYE, LENORE	
STREET ADDRESS	5660 A QUEEN PALM CT	
CITY-ST-ZIP	DELRAY BCH FL 33484	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMILEY, JEROME	
STREET ADDRESS	13572 A VIA FLORA	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADELMAN, BEA	
STREET ADDRESS	13689 D DATE PALM CT	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENDER, BENJAMIN	
STREET ADDRESS	13558 B VIA FLORA	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPIRO, DORIS	
STREET ADDRESS	13626 A VIA FLORA	
CITY-ST-ZIP	DELRAY BCH FL 33484	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FELDSHON, HARRIET
2.3 STREET ADDRESS	5730 B PRINCESS PALM COURT
2.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33484
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARVIN COHEN
6.3 STREET ADDRESS	13771 F FLORA PLACE
6.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33484

14. 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 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* 3-26-98 561 498 5316

CP2E037 (10/97)