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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 728090

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

Principal Place of Business Mailing Address
 5801 VIA DELRAY 5801 VIA DELRAY
 DELRAY_BEACH, FL 33484 DELRAY_BEACH, FL 33484



1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/20/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1968008	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution <input type="checkbox"/>	
29		30		\$5.00 May Be Added to Fees	

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			

I, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE		11. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add:
NAME	SAXTON, GEORGE B			12. NAME			
STREET ADDRESS	13478 A SABAL PALM CT			13. STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL 33484			14. CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add:
NAME	FELDSHON, HARRIET			2.2. NAME			
STREET ADDRESS	5730 B PRINCESS PALM CT			2.3. STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL 33484			2.4. CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add:
NAME	SMILEY, JEROME			3.2. NAME			
STREET ADDRESS	13572 A VIA FLORA			3.3. STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH, FL 00000			3.4. CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1. TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Add:
NAME	ADELMAN, BEA			4.2. NAME	POMERANTZ, PHILIP		
STREET ADDRESS	13669 D DATE PALM CT			4.3. STREET ADDRESS	13656 D COCNUT PALM CT		
CITY-ST-ZIP	DELRAY BCH, FL 00000			4.4. CITY-ST-ZIP	DELRAY BEACH, FL 00000		
TITLE	D	<input type="checkbox"/> DELETE		5.1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add:
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"/> Add:
NAME	COHEN, MARVIN			6.2. NAME			
STREET ADDRESS	13771 F FLORA PL			6.3. STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL 33484			6.4. CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *George B. Saxton* 2-2-99 499-5310