

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90110 047 ****61.25

DOCUMENT # 728090

1. Entity Name

PALM GREENS AT VILLA DEL RAY RECREATION CONDOMIN

Principal Place of Business

Mailing Address

5801 VIA DELRAY
 DELRAY BEACH FL 33484

5801 VIA DELRAY
 DELRAY BEACH FL 33484-1331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1968008

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

COHEN, MARVIN

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

13771 F FLORA PLACE

~~DELRAY BEACH,~~
 City

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.

SIGNATURE

MARVIN L. COHEN PRESIDENT 23 FEB, 2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **SAXTON, GEORGE B**
 STREET ADDRESS **13478 A SABAL PALM CT**
 CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FELDSHON, HARRIET**
 STREET ADDRESS **5730 B PRINCESS PALM CT**
 CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE Change Addition
 NAME **SCHWARTZ, MARILYN**
 STREET ADDRESS **13871 B FLORA PLACE**
 CITY-ST-ZIP **DELRAY BEACH, FL., 33484**

TITLE **D** Delete
 NAME **SMILEY, JEROME**
 STREET ADDRESS **13572 A VIA FLORA**
 CITY-ST-ZIP **DELRAY BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **POMERANTZ, PHILIP**
 STREET ADDRESS **13656 D COCONUT PALM CT.**
 CITY-ST-ZIP **DELRAY BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BENDER, BENJAMIN**
 STREET ADDRESS **13558 B VIA FLORA**
 CITY-ST-ZIP **DELRAY BCH FL**

TITLE Change Addition
 NAME **MISIKOFF, RHODA**
 STREET ADDRESS **5650 D SPINDLE PALM CT.**
 CITY-ST-ZIP **DELRAY BEACH, FL., 33484**

TITLE **D** Delete
 NAME **COHEN, MARVIN**
 STREET ADDRESS **13771 F FLORA PL**
 CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG MARVIN L. COHEN MARVIN L. COHEN 2/23/00 498 5316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)