

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90289 013 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1968008**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, MARVIN  
 13771 F FLORA PLACE  
 DELRAY BCH FL 33484**

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SAXTON, GEORGE B</b>	
STREET ADDRESS	<b>13478 A SABAL PALM CT</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL 33484</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, MARILYN</b>	
STREET ADDRESS	<b>13871 B FLORA PLACE</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL 33484</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMILEY, JEROME</b>	
STREET ADDRESS	<b>13572 A VIA FLORA</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POMERANTZ, PHILIP</b>	
STREET ADDRESS	<b>13656 D COCONUT PALM CT.</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MISIKOFF, RHODA</b>	
STREET ADDRESS	<b>5650 D SPINDLE PALM CT</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33484</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, MARVIN</b>	
STREET ADDRESS	<b>13771 F FLORA PL</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL 33484</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVID CLAYMAN</b>	
STREET ADDRESS	<b>5801 D ARECA PALM CT.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33484</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 names answered.

SIGNATURE: \_\_\_\_\_

*Marvin Cohen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**30 Jan 01**

Date

Daytime Phone #

CR2E037 (10/00)