


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90001 044 \*\*\*\*61.25

<b>DOCUMENT # 728090</b>					
1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1968008	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, MARVIN 13771 F FLORA PLACE DELRAY BCH FL 33484			7. Name and Address of New Registered Agent Name <b>BLEIWEISS, SOL</b> Street Address (P.O. Box Number is Not Acceptable) <b>13602 A VIA LAURORA</b> <b>DELRAY BEACH,</b> City <b>DELRAY BEACH</b> <b>FL</b> Zip Code <b>33484</b>		
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. I am familiar with, and accept the obligations of registered agent. <i>Sol Bleiweiss PRES.</i> SIGNATURE <u>Sol Bleiweiss</u> DATE <u>February, 11, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYMAN, DAVID 5801 D ARECA PALM COURT DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Bleiweiss Sol 13602 A Via Aurora Delray Beach, Fl., 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, MARILYN 13871 B FLORA PLACE DELRAY BCH FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bloomberg, Burt 13283 D Pineapple Palm Ct. Delray Beach, Fl., 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMILEY, JEROME 13572 A VIA FLORA DELRAY BCH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kurland, Dorothy 13323 C Pineapple Palm Ct. Delray Beach, Fl., 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMERANTZ, PHILIP 13656 D COCONUT PALM CT. DELRAY BCH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Axelband, Norman 13735 B Via Aurora Delray Beach, Fl., 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISIKOFF, RHODA 5650 D SPINDLE PALM CT. DELRAY BEACH FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Dellarocca, Ernie 13690 A Via Flora Delray Beach, Fl., 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MARVIN 13771 F FLORA PL DELRAY BCH FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Gerofsky, Barry 5810 B Princess Palm Ct. Delray Beach, Fl., 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		



MOORE CR2E037 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(f), 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:** Sol Bleiweiss *Sol Bleiweiss* DATE February 11, 2004 DAYTIME PHONE # 561-495-1589  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #